

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737505 (8)
1. Corporation Name
SC CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1901 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33305** **1901 NORTH ATLANTIC BLVD.
FT. LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1976** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-1813574** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ZARREN, BENNETT
1901 N ATLANTIC BLVD.
FT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARREN, BENNETT	1.2 NAME	
STREET ADDRESS	1901 N ATLANTIC BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, IRWIN A.	2.2 NAME	
STREET ADDRESS	1901 N ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZUTI, ANTHONY	3.2 NAME	
STREET ADDRESS	1901 N ATLANTIC BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	ATD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MARTIN L	4.2 NAME	TD
STREET ADDRESS	1901 N ATLANTIC BLVD.	4.3 STREET ADDRESS	Schwartz, Martin L
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	4.4 CITY - ST - ZIP	1901 N Atlantic Blvd Ft Lauderdale Fl 33305
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGER, GARY T	5.2 NAME	AND Pres. D.
STREET ADDRESS	1901 N ATLANTIC BLVD.	5.3 STREET ADDRESS	Sieger, Gary T
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	5.4 CITY - ST - ZIP	1901 N Atlantic Blvd Ft Lauderdale FL 33305
TITLE	ASD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, JEAN	6.2 NAME	ATD
STREET ADDRESS	1901 N ATLANTIC BLVD	6.3 STREET ADDRESS	John Robert Ramsay
CITY - ST - ZIP	FT. LAUDERDALE FL	6.4 CITY - ST - ZIP	1901 N Atlantic Blvd Ft Lauderdale FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Bennett Warren* **4/25/95** **305-561-2623**
SIGNATURE AND TYPED NAME OF CURRENT OFFICER OR DIRECTOR Date (Day/Mo/Yr)
BENNETT ZARREN - PRESIDENT