

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **737505** (8)

1. Corporation Name  
**SC CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **12/10/1976**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1813574**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ZARREN, BENNETT
STREET ADDRESS	1901 N ATLANTIC BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	WEISER, IRWIN A.
STREET ADDRESS	1901 N ATLANTIC BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	RIZZUTI, ANTHONY
STREET ADDRESS	1901 N ATLANTIC BLVD.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	SWARTZ, MARTIN L
STREET ADDRESS	1901 N ATLANTIC BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	DVPA <input type="checkbox"/> DELETE
NAME	SIEGER, GARY T
STREET ADDRESS	1901 N ATLANTIC BLVD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	DTA <input type="checkbox"/> DELETE
NAME	RAMSAY, JOHN ROBERT
STREET ADDRESS	1901 N ATLANTIC BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DSA
1.3 STREET ADDRESS	Goldman, Jean
1.4 CITY-ST-ZIP	1901 N. Atlantic Blvd. Ft. Lauderdale, Fl. 33305
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address change.

SIGNATURE: *Bennett Zarren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BENNETT ZARREN**  
Date: **3-26-96**  
Daytime Phone #: **954-561-2623**

CR2E037 (12/95)