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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737505

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



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	12/10/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1813574
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	Country	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARREN, BENNETT	1.2 NAME	SD
STREET ADDRESS	1905 N ATLANTIC BLVD	1.3 STREET ADDRESS	Rizzuti, Anthony Ft Lauderdale Fl
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	1901 N Atlantic Blvd
TITLE	VD <input type="checkbox"/> DELETE	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	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JEAN	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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, MARTIN L	4.2 NAME	
STREET ADDRESS	1901 N ATLANTIC BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGER, GARY T	5.2 NAME	
STREET ADDRESS	1905 N ATLANTIC BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSAY, JOHN ROBERT	6.2 NAME	
STREET ADDRESS	1901 N ATLANTIC BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bennett Warren **WIRE** Bennett Warren Pres 4/20/99 954-561-2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)