

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90021 036 ****61.25

DOCUMENT # 737505

1. Entity 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 33305-3746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1813574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZARREN, BENNETT
1901 N ATLANTIC BLVD.
FT LAUDERDALE FL 33305

Name **same name, address was wrong**

Street Address (P.O. Box Number is Not Acceptable)

1905 N Atlantic Blvd

City **Ft Lauderdale**

FL

Zip Code **33305**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZARREN, BENNETT	
STREET ADDRESS	1905 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	TD	<input type="checkbox"/> Delete
NAME	GOLDMAN, JEAN	
STREET ADDRESS	1901 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MARTIN L	
STREET ADDRESS	1901 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGER, GARY T	
STREET ADDRESS	1905 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSAY, JOHN ROBERT	
STREET ADDRESS	1901 N ATLANTIC BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rizzuti, Anthony	
STREET ADDRESS	1901 N Atlantic Blvd	
CITY-ST-ZIP	Ft Lauderdale FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bennett Zarren
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bennett Zarren, Pres.

2/15/00

(954) 561-2623

Date

Daytime Phone #

CR2E037 (9/99)