

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90044 050 ****61.25

DOCUMENT # 737505

1. Entity 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

1901 North Ocean Blvd

3. Mailing Address

1901 North Ocean Blvd

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

**ZARREN, BENNETT
 1905 N ATLANTIC BLVD.
 FT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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** Delete
 NAME **ZARREN, BENNETT**
 STREET ADDRESS **1905 N ATLANTIC BLVD**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE Change Addition
 NAME **SD ANTHONY RIZZUTI**
 STREET ADDRESS **1901 N ATLANTIC BLVD - FT LAUDERDALE FL**
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **WEISER, IRWIN A.**
 STREET ADDRESS **1901 N ATLANTIC BLVD.**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GOLDMAN, JEAN**
 STREET ADDRESS **1901 N ATLANTIC BLVD**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHWARTZ, MARTIN L**
 STREET ADDRESS **1901 N ATLANTIC BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SIEGER, GARY T**
 STREET ADDRESS **1905 N ATLANTIC BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RAMSAY, JOHN ROBERT**
 STREET ADDRESS **1901 N ATLANTIC BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE Change 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:

Martin I. Schwartz
DIRECTOR

4/27/2001 **9545612623**
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)