
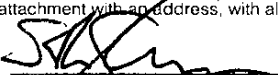


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90015 010 ****61.25

| | | | | | |
|--|---------------------------|--|--|---|--|
| DOCUMENT # 737505 | | | |  | |
| 1. Entity Name SC CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1901 NORTH OCEAN BLVD FT. LAUDERDALE, FL 33305 | | | Mailing Address 1901 NORTH OCEAN BLVD FT. LAUDERDALE, FL 33305 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. <i>NO change</i> | | Suite, Apt. #, etc. <i>NO change</i> | | | |
| City & State | | City & State | | 07032006 Chg-NP CR2E037 (4/06) | |
| Zip | | Country | | 4. FEI Number 59-1813574 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| KATZMAN & KORR, P.A. 1501 N.W. 49 ST., STE. 202 FT. LAUDERDALE, FL 33309 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | <i>NO change</i> | | |
| | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | (NOTE: Registered Agent signature required when reinstating) | |
| DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HORWITZ, SHELDON M | | NAME | Steve Glassman | |
| STREET ADDRESS | 1901 N OCEAN BLVD. | | STREET ADDRESS | 1901 N Ocean Blvd | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY-ST-ZIP | Fort Lauderdale, FL 33305 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HELLER, ARLINE | | NAME | Tony Conetta | |
| STREET ADDRESS | 1901 N OCEAN BLVD | | STREET ADDRESS | 1901 N Ocean Blvd | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY-ST-ZIP | Fort Lauderdale, FL 33305 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Co-Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MANN, MAUREEN G | | NAME | David Rudich | |
| STREET ADDRESS | 1905 N OCEAN BLVD. | | STREET ADDRESS | 1901 N Ocean Blvd | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY-ST-ZIP | Fort Lauderdale, FL 33305 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHWARTZ, MARTIN L | | NAME | Gus Manassis | |
| STREET ADDRESS | 1901 N OCEAN BLVD | | STREET ADDRESS | 1901 N Ocean Blvd | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY-ST-ZIP | Fort Lauderdale, FL 33305 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIEGER, GARY T | | NAME | Harold Malinsky | |
| STREET ADDRESS | 1901 N OCEAN BLVD | | STREET ADDRESS | 1901 N Ocean Blvd | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY-ST-ZIP | Fort lauderdale, FL | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAMSAY, ROBERT | | NAME | | |
| STREET ADDRESS | 1901 N OCEAN BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | Steven M. Glassman, President | | July 5, 2006 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |
| | | | | 954-790-4199 | |