

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90149 011 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1813574**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	PD	<input type="checkbox"/> Delete
NAME	ZARREN, BENNETT	
STREET ADDRESS	1905 OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLER, ARLINE	
STREET ADDRESS	1901 N OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDMAN, JEAN	
STREET ADDRESS	1901 N OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MARTIN L	
STREET ADDRESS	1901 N OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGER, GARY T	
STREET ADDRESS	1901 N OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIZZUTI, ANTHONY	
STREET ADDRESS	1901 N OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramsay, Robert	
STREET ADDRESS	1901 N Ocean Blvd	
CITY-ST-ZIP	FT Lauderdale FL 33305	

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: *Gary T Sieger* SIGNATURE REQUIRED Gary T Sieger Pres 3/20/03 (954) 561-2623

CR2E037 (10/02)

ATTACHMENT
DOC # 737505

90079140



March 20, 2003
Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

We have seven Board Members, please add the following name to Officers and Directors.

Thank you for your consideration of this matter.

~~James Hiss~~ 1901 N Ocean Blvd Ft. Lauderdale, FL 33305
Director

Sincerely yours

A handwritten signature in cursive script that reads "Shirley M. Peffer".

Shirley M. Peffer
Office Manager

CC:file