

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737505 (8)

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



3. Date Incorporated or Qualified
12/10/1976

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1813574

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ZARREN, BENNETT
STREET ADDRESS 1901 N ATLANTIC BLVD.
CITY-ST-ZIP FT LAUDERDALE, FL 00000

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME DSA
1.3 STREET ADDRESS Goldman, Jean
1.4 CITY-ST-ZIP 1901 N. Atlantic Blvd.
Ft. Lauderdale, Fl. 33305 ☐ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME RIZZUTI, ANTHONY
STREET ADDRESS 1901 N ATLANTIC BLVD.
CITY-ST-ZIP FT LAUDERDALE, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SWARTZ, MARTIN L
STREET ADDRESS 1901 N ATLANTIC BLVD
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DVPA ☐ DELETE
NAME SIEGER, GARY T
STREET ADDRESS 1901 N ATLANTIC BLVD
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DTA ☐ DELETE
NAME RAMSAY, JOHN ROBERT
STREET ADDRESS 1901 N ATLANTIC BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

Date

954-561-2623

Daytime Phone #

CR2E037 (12/95)