

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737505

1. Entity Name

SC CONDOMINIUM ASSOCIATION, INC.

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

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

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



DO NOT WRITE IN THIS SPACE

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME ZARREN, BENNETT STREET ADDRESS 1905 N ATLANTIC BLVD CITY-ST-ZIP FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete	TITLE S/D NAME Rizzuti, Anthony 7-C STREET ADDRESS 1901 N Atlantic Blvd Ft Lauderdale CITY-ST-ZIP FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME WEISER, IRWIN A. STREET ADDRESS 1901 N ATLANTIC BLVD. CITY-ST-ZIP FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GOLDMAN, JEAN STREET ADDRESS 1901 N ATLANTIC BLVD CITY-ST-ZIP FT LAUDERDALE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHWARTZ, MARTIN L STREET ADDRESS 1901 N ATLANTIC BLVD CITY-ST-ZIP FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SIEGER, GARY T STREET ADDRESS 1905 N ATLANTIC BLVD CITY-ST-ZIP FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RAMSAY, JOHN ROBERT STREET ADDRESS 1901 N ATLANTIC BLVD CITY-ST-ZIP FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Zarren, Bennett Zarren, Pres. 2/15/00 (954) 561-2623
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)