

# 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

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

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZARREN, BENNETT	
STREET ADDRESS	1905 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEISER, IRWIN A.	
STREET ADDRESS	1901 N ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDMAN, JEAN	
STREET ADDRESS	1901 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MARTIN L	
STREET ADDRESS	1901 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGER, GARY T	
STREET ADDRESS	1905 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSAY, JOHN ROBERT	
STREET ADDRESS	1901 N ATLANTIC BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY RIZZUTI	
STREET ADDRESS	1901 N ATLANTIC BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 Martin I. Schwartz  
 DIRECTOR

4/27/2001 954561 2623  
 Date Daytime Phone #

CR2E037 (10/00)