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 # 742847 (7)

1. Corporation Name

NOBEL POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 SE 5TH COURT POMPANO BEACH FL 33060	1100 SE 5TH COURT POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 05/10/1978

3a. Date of Last Report: 06/20/1995

2. Principal Place of Business
21: SAME
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country: BROWARD

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country: BROWARD

4. FEI Number: 59-2046656 ☐ 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

9. Name and Address of Current Registered Agent

[redacted] PATRICIA BELL
CAMPBELL PROPERTY MANAGEMENT INC
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: Patricia Bell
82 Street Address (P.O. Box Number is Not Acceptable): Campbell Property Management
83: 1215 E. Hillsboro Blvd
84 City: Deerfield Beach FL 85 Zip Code: 33441

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: Patricia D. Bell — 2/5/96
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	11 TITLE		☐ Change ☐ Addition
NAME	HEILPERN, ALAN		12 NAME		
STREET ADDRESS	1100 SE 5TH COURT #64		13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	RAPPA, ED		22 NAME		
STREET ADDRESS	1100 SE 5TH COURT #18		23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL 33060		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BATTLE, COLIN		32 NAME		
STREET ADDRESS	1100 SE 5TH COURT #10		33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SPENGART, DEBORAH		42 NAME		
STREET ADDRESS	1100 SE 5TH COURT #85		43 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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.

SIGNATURE: [signature] President 2/01/96 946-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #