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03-11-1999 90171 026 ****61.25

0025/08

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742847

1. Corporation Name

NOBEL POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1100 SE 5TH COURT
POMPANO BEACH FL 33060

Mailing Address

1100 SE 5TH COURT
POMPANO BEACH FL 33060



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/10/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2046656

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVIN, CHERYL J
10226 N.W. 47TH STREET
SUNRISE FL 33551

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
NAME HEILPERN, ALAN
STREET ADDRESS 1100 SE 5TH CT #64
CITY-ST-ZIP POMPANO BEACH FL 33060

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME DEVANE, LEE
STREET ADDRESS 1100 SE 5TH CT #100
CITY-ST-ZIP POMPANO BCH FL 33060

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

TITLE SD
NAME SCHROEDER, CAROL
STREET ADDRESS 1100 SE 5TH CT #87
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE SD
3.2 NAME Deborah Sprengart
3.3 STREET ADDRESS 1100 S.E. 5th Court # 85
3.4 CITY-ST-ZIP Pompano Beach, FL 33060

TITLE TD
NAME SPENGART, DEBORAH
STREET ADDRESS 1100 SE 5TH COURT #85
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

Alan Heilpern REQUIRED ALAN HEILPERN 3-12-99 9548465310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)