

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90015 017 \*\*\*\*61.25

**DOCUMENT # 742847**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2046656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**POLIAKOFF, GARY A JD  
BECKER & POLIAKOFF  
3111 STIRLING RD  
FORT LAUDERDALE FL 33312**

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | BRODERSEN, LOUIS       |                                            |
| STREET ADDRESS | 1100 SE CRT #18        |                                            |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060 |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Heilpern, Alan          |                                                                              |
| STREET ADDRESS | 1100 SE 5th CT #64      |                                                                              |
| CITY-ST-ZIP    | Pompano Beach, FL 33060 |                                                                              |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | VD                   | <input type="checkbox"/> Delete |
| NAME           | GLATZ, EDWARD        |                                 |
| STREET ADDRESS | 1100 SE 5TH CRT #98  |                                 |
| CITY-ST-ZIP    | POMPANO BCH FL 33060 |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | SPRENGART, DEBORAH      |                                 |
| STREET ADDRESS | 1100 S.E. 5TH COURT #85 |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060  |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | DEVANE, LEE            |                                 |
| STREET ADDRESS | 1100 SE 5TH CRT #100   |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33060 |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Carol Schroeder         |                                                                              |
| STREET ADDRESS | 1100 SE 5th CT #87      |                                                                              |
| CITY-ST-ZIP    | Pompano Beach, FL 33060 |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Craig Barsumian         |                                                                              |
| STREET ADDRESS | 1100 SE 5th Court #27   |                                                                              |
| CITY-ST-ZIP    | Pompano Beach, FL 33060 |                                                                              |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/02 954 946 5210

0018731

CR2E037 (9/01)