

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90026 013 ****61.25

DOCUMENT # 742847 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & 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 POLIAKOFF, GARY A JD BECKER & POLIAKOFF 3111 STIRLING RD FORT LAUDERDALE, FL 33312			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	HEILPERN, ALAN		NAME	HEILPERN, ALAN	
STREET ADDRESS	1100 SE 5TH CT #64		STREET ADDRESS	1100 S.E. 5TH CT. #64	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	GLATZ, EDWARD		NAME	LARRY SHAFFER	
STREET ADDRESS	1100 SE 5TH CRT #98		STREET ADDRESS	1100 S.E. 5TH CT #44	
CITY-ST-ZIP	POMPANO BCH, FL 33060		CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPRENGART, DEBORAH		NAME		
STREET ADDRESS	1100 S.E. 5TH COURT #85		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEVANE, LEE		NAME		
STREET ADDRESS	1100 SE 5TH CRT #100		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SCHROEDER, CAROL		NAME	DARYL JOHNSON	
STREET ADDRESS	1100 SE 5TH CT #87		STREET ADDRESS	1100 SE 5TH CT. #61	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BARSUMIAN, CRAIG		NAME	JOHN BRONNELL	
STREET ADDRESS	1100 SE 5TH COURT #27		STREET ADDRESS	1100 SE 5TH CT #5	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		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 <i>[Signature]</i> <i>Larry Shaffer</i> <i>7/18/05</i> <i>954-946-5810</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					