

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742847

FILED
Feb 27, 2008
Secretary of State

Entity Name: NOBEL POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1100 SE 5TH COURT
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1100 SE 5TH COURT
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-2046656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HEILPERN, ALAN
Address: 1100 SE 5TH CT #64
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD () Delete
Name: SHAFFER, LARRY
Address: 1100 SE 5TH CT, # 44
City-St-Zip: POMPANO BCH, FL 33060

Title: SD () Delete
Name: SPRENGART, DEBORAH
Address: 1100 S.E. 5TH COURT #85
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD () Delete
Name: DEVANE, LEE
Address: 1100 SE 5TH CRT #100
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: JOHNSON, DARYL
Address: 1100 SE 5TH CT, # 61
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: DAHLENBURG, MARK
Address: 1100 SE 5TH CT. #19
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SHAFFER

PD

02/27/2008

Electronic Signature of Signing Officer or Director

Date