

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-02-2001 90298 031 ****61.25

DOCUMENT # 759055

1. Entity Name

1200 CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1200 NO ATLANTIC BLVD
FT LAUDERDALE FL 33304

Mailing Address

1200 NO ATLANTIC BLVD
FT LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1220 MIAMI ROAD

Suite, Apt. #, etc.

SUITE # 6

City & State

FT LAUDERDALE FL

Zip

33316

Country

USA

4. FEI Number

59-2108387

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRIEDLAUDER, DONNA
1200 N ATLANTIC BLVD
#10
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **THOMAS V. SHOOP**

Street Address (P.O. Box Number is Not Acceptable)
1220 MIAMI ROAD

SUITE # 6

City **FT LAUDERDALE**

FL

Zip Code

33316

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

3-25-01

**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

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FOLDENAUER, JACK | |
| STREET ADDRESS | 1200 N ATLANTIC BLVD #501 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SERVELLO, DOROTHY | |
| STREET ADDRESS | 1200 N ATLANTIC BLVD #V3 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DEMORE, JOEANN | |
| STREET ADDRESS | 1200 N ATLANTIC BLVD #V4 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DAVID, STEPHEN | |
| STREET ADDRESS | 1200 N ATLANTIC BLVD, #105 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PERIERA, LUIS | |
| STREET ADDRESS | 1200 N ATLANTIC | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HEATHER ALSTON | |
| STREET ADDRESS | 1200 N ATLANTIC BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE, FLA 33304 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PETER HANNA | |
| STREET ADDRESS | 1200 N ATLANTIC BLVD | |
| CITY-ST-ZIP | FT LAUDERDALE FLA 33304 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 817, 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

3/25/01

Date

Daytime Phone #

CR2E037 (10/00)