


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90527 015 ****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
**1220 MIAMI ROAD
STE 6
FORT LAUDERDALE FL 33316
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2108387** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHOOP, THOMAS V EDWARD J. McVEIGH
1220 MIAMI RD 2555 N E 117th ST OFFICE
STE 6 FT. LAUD. FL 33304**

7. Name and Address of New Registered Agent
Name **ED McVEIGH**
Street Address (P.O. Box Number is Not Acceptable) **1200 N. ATLANTIC BLVD, BOX 11**
City **FT. LAUDERDALE FL** Zip Code **33304**

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]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 S	<input type="checkbox"/> Delete MATHIS, JOAN 1200 N ATLANTIC BLVD FORT LAUDERDALE FL 33304	TITLE PD PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input checked="" type="checkbox"/> Delete SERVELLO, DOROTHY 1200 N ATLANTIC BLVD #V3 FORT LAUDERDALE FL 33304	TITLE MARY QUINNIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input checked="" type="checkbox"/> Delete DEMORE, JOEANN 1200 N ATLANTIC BLVD #V4 FORT LAUDERDALE FL 33304	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete ALSTON, HEATHER 1200 N ATLANTIC BLVD FORT LAUDERDALE FL 33304	TITLE S S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input checked="" type="checkbox"/> Delete HANNA, PETER 1200 N ATLANTIC BLVD FORT LAUDERDALE FL 33304	TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE RICHARD KUSTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* **REQUIRED**

CR2E037 (10/02)