

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004202

FILED
Jun 30, 2009
Secretary of State

Entity Name: SAILBOAT POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2325 NW 33RD ST.
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2325 NW 33RD ST.
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 20-3031097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCOTT, TRIPP P.A.
110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301 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: T () Delete
Name: ZETRENNE, MARK
Address: 2420 NW 33RD STREET, #1006
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: S () Delete
Name: FRIEDMAN, ROBIN
Address: 2485 NW 33RD STREET, #1603
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: V () Delete
Name: SCHWARTZ, SALLYE
Address: 2607 NW 33 ST #2104
City-St-Zip: OAKLAND, FL 33309

Title: D () Delete
Name: BURO, JOSEPH
Address: 2420 NW 33RD STREET, #1002
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P () Delete
Name: BRINKMAN, GRACE
Address: 2607 NW 33 ST #2113
City-St-Zip: FORT LAUDERDALE, FL 33309

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
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: GRACE BRINKMAN

P

06/30/2009

Electronic Signature of Signing Officer or Director

_____ Date