

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737505

Entity Name: SC CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1901 NORTH OCEAN BLVD
FT. LAUDERDALE, FL 33305**Current Mailing Address:**1901 NORTH OCEAN BLVD
FT. LAUDERDALE, FL 33305**FEI Number: 59-1813574****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATZMAN GARFINKEL & BERGER
5297 W. COPANS RD.
MARGATE, FL 33063 US*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**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | P |
| Name | HELLER, ARLENE |
| Address | 1901 N OCEAN BLVD. |
| City-State-Zip: | FORT LAUDERDALE FL 33305 |

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|-----------------|--------------------------|
| Title | SECRETARY |
| Name | HERMAN, PETER |
| Address | 1901 NORTH OCEAN BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33305 |

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|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | GORMAN , BOB |
| Address | 1901 N. OCEAN BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33305 |

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|-----------------|--------------------------|
| Title | VP |
| Name | GOLDMAN, JEAN |
| Address | 1901 N OCEAN BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33305 |

| | |
|-----------------|--------------------------|
| Title | T |
| Name | LAWRENCE, JIM |
| Address | 1901 N OCEAN BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33305 |

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|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | CONETTA, TONY |
| Address | 1901 N OCEAN BLVD |
| City-State-Zip: | FORT LAUDERDALE FL 33305 |

I hereby 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 all other like empowered.

SIGNATURE: ARLENE HELLER**PROPERTY MANAGER****04/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date