

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731931 (2)
1. Corporation Name
SUMMER SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
MILE MARKER 88 1/2 TAVERNIER FL 33070 **MILE MARKER 88 1/2 TAVERNIER FL 33070**

3. Date Incorporated or Qualified **02/18/1975** 3a. Date of Last Report **02/15/1995**
4. FEI Number **59-1709525** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**KEYS ACCOUNTING TAX SERVICES INC.
ATT: RICHARD OVERFIELD
P.O. BOX 1578
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	VOLLRATH, ROBERT	
STREET ADDRESS	105 PACER CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKE, JANET	
STREET ADDRESS	777 S FEDERAL HWY 306 N	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUBER, RICK	
STREET ADDRESS	399 SW 15TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HOCHFELDER, RICHARD	
STREET ADDRESS	10325 SW 112TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, BILL	
STREET ADDRESS	88500 S. HWY #506	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEN, HUGH C	
STREET ADDRESS	1365 NE 105TH STREET	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANE TUTHILL	
1.3 STREET ADDRESS	11700 HERMITAGE DR	
1.4 CITY-ST-ZIP	PLANTATION, FL 33325	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE GEISLER	
3.3 STREET ADDRESS	3135 LEE ST	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN FERNANDEZ	
5.3 STREET ADDRESS	5745 S.W. 30th ST	
5.4 CITY-ST-ZIP	MIAMI, FL 33155	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hugh C. Allen* Date: **1/16/96** Daytime Phone #: **305-852-9559**

CR2E037 (12/95)