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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: MILE MARKER 68 1/2 TAVERNIER FL 33070
Mailing Address: MILE MARKER 68 1/2 TAVERNIER FL 33070

3. Date Incorporated or Qualified: 02/18/1975
3a. Date of Last Report: 01/31/1996

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 Zip Country 25 Country 29 Zip Country 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEYS ACCOUNTING TAX SERVICES INC.
ATT: RICHARD OVERFIELD
P.O. BOX 1578
KEY LARGO FL 33037

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 617.1508, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: ~~TD~~ DELETED
NAME: VOLLRATH, ROBERT
STREET ADDRESS: 105 PACER CIRCLE
CITY-ST-ZIP: WELLINGTON FL

1.1 TITLE: Director
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: ~~D~~ DELETED
NAME: PARKE, JANET
STREET ADDRESS: 777 S FEDERAL HWY 306 N
CITY-ST-ZIP: POMPANO BEACH FL

2.1 TITLE: Vice Pres
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: ~~D~~ DELETED
NAME: GEISLER, GEORGE
STREET ADDRESS: 3135 LEE ST
CITY-ST-ZIP: HOLLYWOOD FL

3.1 TITLE: Pres
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

TITLE: ~~DVP~~ DELETED
NAME: ~~HOCHFELDER, RICHARD~~
STREET ADDRESS: ~~10325 SW 112TH STREET~~
CITY-ST-ZIP: ~~MIAMI FL~~

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: ~~DT~~ DELETED
NAME: FERNANDEZ, JOHN
STREET ADDRESS: 5745 SW 30TH ST
CITY-ST-ZIP: MIAMI FL

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: ~~PD~~ DELETED
NAME: ALLEN, HUGH C
STREET ADDRESS: 1365 NE 105TH STREET
CITY-ST-ZIP: MIAMI FL

6.1 TITLE: Director
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do 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 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: [Signature] DIRECTOR PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GEISLER

2/14/97

CR2E037 (9/96)