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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731931 (2)
1. Corporation Name
SUMMER SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business MILE MARKER 89 1/2 TAVERNIER FL 33070	Mailing Address MILE MARKER 89 1/2 TAVERNIER FL 33070
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3. Date incorporated or Qualified 02/18/1975	
4. FEI Number 59-1709525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**KEYS ACCOUNTING SERVICES INC.
ATT. RICHARD OVERFIELD
P.O. BOX 1578
KEYS FL 33003**

10. Name and Address of New Registered Agent
81 Name **CHARLES ABELL**
82 Street Address (P.O. Box Number is Not Acceptable)
88500 US 1
83 **SUMMER SEA CONDO**
84 City **TAVERNIER** FL 85 Zip Code **33070**

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 Charles Abell - **CHARLES ABELL MGR.** DATE **2/27/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLLRATH, ROBERT 105 PACER CIRCLE WELLINGTON FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICE PRES. PARKE, JANET 777 S FEDERAL HWY 308 N POMPANO BEACH FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEISLER, GEORGE 3135 LEE ST HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FERNANDEZ, JOHN 5745 SW 30TH ST MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALLEN, HUGH C 1365 NE 105TH STREET MIAMI FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR RICHARD DELUCIA 1520 S.W. 96th TERR. DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRES GEORGE GEISLER 88500 US 1 APT 509 TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREA LARRY MILLER 12001 SW 2ND ST PLANTATION, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SEC RICHARD BRITO 1843 N. 27th CT. HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: George Geisler **GEORGE GEISLER, PRES** DATE **2/27/98** 305-852-9559

CR2E037 (10/97)