

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90047 049 ****61.25

0001501

DOCUMENT # 731931

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1709525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABELL, CHARLES
 SUMMER SEA CONDO
 88500 US 1
 TAVERNIER FL 33070**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **DELUCIA, RICHARD**
 STREET ADDRESS **1520 S.W. 96TH TERR.**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE **D** ☐ Change ☒ Addition
 NAME **AUGUST CANTIN**
 STREET ADDRESS **8695 S.W. 110TH ST.**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VP** ☐ Delete
 NAME **PARKE, JANET**
 STREET ADDRESS **777 S FEDERAL HWY 306 N**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **SEC** ☐ Change ☒ Addition
 NAME **O.R. POST**
 STREET ADDRESS **146 N.W. CORRAL PK PLAZA #102**
 CITY-ST-ZIP **PORT ST-LUCIE, FL 34952**

TITLE **P** ☐ Delete
 NAME **GEISLER, GEORGE**
 STREET ADDRESS **88500 US 1 APT. 509**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **BRITO, RICHARD**
 STREET ADDRESS **1843 N 27TH CT**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALLEN, HUGH C**
 STREET ADDRESS **1365 NE 105TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **MILLER, LARRY**
 STREET ADDRESS **12001 SW 2ND ST.**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)