

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90026 012 \*\*\*\*61.25

**DOCUMENT # 731931**  
 1. Entity Name  
**SUMMER SEA CONDOMINIUM ASSOCIATION, INC.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1709525**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *Charles Abell*      *Charles Abell*      *MANAGER*      *3/29/02*  
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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DELUCIA, RICHARD</b>	
STREET ADDRESS	<b>1520 S.W. 96TH TERR.</b>	
CITY-ST-ZIP	<b>DAVIE FL 33324</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PARKE, JANET</b>	
STREET ADDRESS	<b>777 S FEDERAL HWY 306 N</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GEISLER, GEORGE</b>	
STREET ADDRESS	<b>88500 US 1 APT. 509</b>	
CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CANTIN, AUGUST</b>	
STREET ADDRESS	<b>8695 SW 110TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLEN, HUGH C</b>	
STREET ADDRESS	<b>1365 NE 105TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, LARRY</b>	
STREET ADDRESS	<b>12001 SW 2ND ST.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33325</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KATHY WARD</b>	
STREET ADDRESS	<b>88500 OVERSEAS HWY # 502</b>	
CITY-ST-ZIP	<b>ISLAMORADA, FL 33070</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAZILLA CORA</b>	
STREET ADDRESS	<b>88500 OVERSEAS HWY # 506</b>	
CITY-ST-ZIP	<b>ISLAMORADA, FL 33070</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOB MILLER</b>	
STREET ADDRESS	<b>88500 OVERSEAS HWY # 318</b>	
CITY-ST-ZIP	<b>ISLAMORADA, FL 33070</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles Abell*      **SIGNATURE REQUIRED**      *3/29/02*      *305.852.3018*  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (9/01)