

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 035 ****61.25

DOCUMENT # 731931

1. Entity Name
SUMMER SEA CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**MILE MARKER 88 1/2
 TAVERNIER, FL 33070**

50024816



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08042006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number
59-1709525

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**MILLER, ROBERT C MANAGER
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete

NAME **WARD, KATHY**

STREET ADDRESS **88500 OVERSEAS HWY #502**

CITY-ST-ZIP **ISLAMORADA, FL 33070**

TITLE Change Addition

NAME **V.P. JAMES WARD**

STREET ADDRESS **88500 OVERSEAS HWY #502**

CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE Delete

NAME **PARKE, JANET**

STREET ADDRESS **777 S FEDERAL HWY 306 N**

CITY-ST-ZIP **POMPANO BEACH, FL**

TITLE Change Addition

NAME **D GUIDO ELIAS**

STREET ADDRESS **1070 S.W. 131 PLACE CT**

CITY-ST-ZIP **MIAMI, FL 33184**

TITLE Delete

NAME **GEISLER, GEORGE**

STREET ADDRESS **88500 US 1 APT. 509**

CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE Change Addition

NAME **T DAN OSBORNE**

STREET ADDRESS **623 UPLAND RD**

CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE Delete

NAME **CANTIN, AUGUST**

STREET ADDRESS **8695 SW 110TH ST**

CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition

NAME **D JANET PARKE**

STREET ADDRESS **777 S FEDERAL HWY 306 N**

CITY-ST-ZIP **POMPANO BEACH, FL**

TITLE Delete

NAME **D CORA, GRAZIELLA**

STREET ADDRESS **13592 SW 57TH STREET**

CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition

NAME **D GEORGE GEISLER**

STREET ADDRESS **88500 OVERSEAS HWY #509**

CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE Delete

NAME **MILLER, LARRY**

STREET ADDRESS **12001 SW 2ND ST.**

CITY-ST-ZIP **PLANTATION, FL 33325**

TITLE Change Addition

NAME **P AUGUST CANTIN**

STREET ADDRESS **8695 SW 110th ST**

CITY-ST-ZIP **MIAMI, FL 33156**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: August Cantin **AUGUST CANTIN, PRES** **8-4-06** **305-297-9896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #