


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 731931 1. Entity Name SUMMER SEA CONDOMINIUM ASSOCIATION, INC.	
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FILED
07 SEP 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business MILE MARKER 88 1/2 TAVERNIER, FL 33070	Mailing Address MILE MARKER 88 1/2 TAVERNIER, FL 33070
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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08202007 Chg-NP CR2E037 (12/06)

City & State Zip	City & State Zip	4. FEI Number 59-1709525	Applied For Not Applicable
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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
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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.

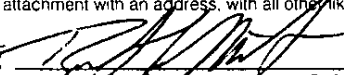
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D WARD, KATHY <input checked="" type="checkbox"/> Delete
NAME	WARD, KATHY
STREET ADDRESS	88500 OVERSEAS HWY #502
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D PARKE, JANET <input checked="" type="checkbox"/> Delete
NAME	PARKE, JANET
STREET ADDRESS	777 S FEDERAL HWY 306 N
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	SECRETARY <input type="checkbox"/> Delete
NAME	GEISLER, GEORGE
STREET ADDRESS	88500 US 1 APT. 509
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	P CANTIN, AUGUST <input checked="" type="checkbox"/> Delete
NAME	CANTIN, AUGUST
STREET ADDRESS	8695 SW 110TH ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D CORA, GRAZIELLA <input checked="" type="checkbox"/> Delete
NAME	CORA, GRAZIELLA
STREET ADDRESS	13592 SW 57TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D ELIAS, GUIDO <input type="checkbox"/> Delete
NAME	ELIAS, GUIDO
STREET ADDRESS	1070 S.W. PLACE CT
CITY-ST-ZIP	MIAMI, FL 33184

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSBORNE, DANIEL
STREET ADDRESS	321 CROTON WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAENGER, JEFFREY
STREET ADDRESS	1236 BAT VIEW WAY
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, EDWARD
STREET ADDRESS	1039 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, JAMES
STREET ADDRESS	88500 OVERSEAS HWY #502
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOP, JONELLE
STREET ADDRESS	88500 OVERSEAS HWY # 507
CITY-ST-ZIP	TAVERNIER, FL 33070
NAME	400109595144
STREET ADDRESS	09/18/07--01069--004 **61.25
CITY-ST-ZIP	

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:  **ROBERT C. MILLER MANAGER 9-14-07**

305-852-9559
Date: _____ Daytime Phone #: _____