

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90028 031 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1709525**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Abell

CHARLES ABELL

1/30/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WARD, KATHY**
STREET ADDRESS **88500 OVERSEAS HWY #502**
CITY-ST-ZIP **ISLAMORADA FL 33070**

TITLE **D** ☐ Change ☒ Addition
NAME **GRAZIELA CORA**
STREET ADDRESS **13592 S.W. 57 CT**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☐ Delete
NAME **CANTIN, AUGUST**
STREET ADDRESS **8695 SW 110TH ST**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **D** ☐ Delete
NAME **MILLER, BOB**
STREET ADDRESS **88500 OVERSEAS HWY #318**
CITY-ST-ZIP **ISLAMORADA FL 33070**

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 REQUIRED

1/30/03 305-812-9559

CR2E037 (10/02)