

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 14 AM 9:25

DOCUMENT # 758109 (3)
 1. Corporation Name
SUMMIT TOWERS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
 1201 SOUTH OCEAN DRIVE 1201 SOUTH OCEAN DRIVE
 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/30/1981** 3a. Date of Last Report **02/18/1994**
 4. FEI Number **59-2132575** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
POLIAKOFF, GARY A
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SINGER, LEON
STREET ADDRESS	1201 S OCEAN DR.
CITY - ST - ZIP	HOLLYWOOD BCH FL
TITLE	VP
NAME	DUBROFSKY, HARRY
STREET ADDRESS	1201 S OCEAN DR.
CITY - ST - ZIP	HOLLYWOOD BCH FL
TITLE	T
NAME	KNIGSBERG, NATHAN
STREET ADDRESS	1201 S OCEAN DR.
CITY - ST - ZIP	HOLLYWOOD BCH FL
TITLE	S
NAME	ACIDIACONO, MIKE
STREET ADDRESS	1201 S OCEAN DR
CITY - ST - ZIP	HOLLYWOOD BCH FL
TITLE	D
NAME	AXELROD, R.B.
STREET ADDRESS	1201 S OCEAN DR.
CITY - ST - ZIP	HOLLYWOOD BCH FL
TITLE	D
NAME	BURKE, JAY
STREET ADDRESS	1201 S OCEAN DR.
CITY - ST - ZIP	HOLLYWOOD BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RABIN, ERNESTINE
13 STREET ADDRESS	1201 S OCEAN DR
14 CITY - ST - ZIP	HOLLYWOOD, FL 33019
21 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	STONE, NATHAN
23 STREET ADDRESS	1201 S OCEAN DR
24 CITY - ST - ZIP	HOLLYWOOD, FL 33019
31 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MCCLANCY, GEORGE
33 STREET ADDRESS	1201 S OCEAN DR
34 CITY - ST - ZIP	HOLLYWOOD, FL 33019
41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ACIDIACONO, MICHAEL
43 STREET ADDRESS	1201 S OCEAN DR
44 CITY - ST - ZIP	HOLLYWOOD, FL 33019
51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	PARSONS, DEREK
53 STREET ADDRESS	1201 S OCEAN DR
54 CITY - ST - ZIP	HOLLYWOOD, FL 33019
61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	WEINER, HILTON
63 STREET ADDRESS	1201 S OCEAN DR
64 CITY - ST - ZIP	HOLLYWOOD, FL 33019

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernestine Rabin June 7/95 305-925-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)



SUMMIT TOWERS
CONDOMINIUM
ASSOCIATION,
INC.

158109

CONTINUATION # 13

7-1 D X Addition
7-2 AARON, DORIS
7-3 1201 S OCEAN DR
7-4 HOLLYWOOD, FL 33019

8-1 D X Addition
8-2 COHEN, HAROLD
8-3 1201 S OCEAN DR
8-4 HOLLYWOOD, FL 33019