

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

FILED
Apr 15, 1996 08:00
Secretary of State



Principal Place of Business
**1201 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address
**1201 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1981	3a. Date of Last Report 06/14/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2132575	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POLIAKOFF, GARY A 3111 STIRLING ROAD FT. LAUDERDALE FL 33312		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
P	RABIN, ERNESTINE 1201 S OCEAN DR. HOLLYWOOD BCH FL	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	STONE, NATHAN 1201 S OCEAN DR. HOLLYWOOD BCH FL	Fox, Sam 1201 S Ocean Drive Hollywood Bch FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	MCCLANCY, GEORGE 1201 S OCEAN DR. HOLLYWOOD BCH FL	Regenstrief, Nat 1201 S Ocean Dr Hollywood Bch, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	ACIDIAONO, MIKE 1201 S OCEAN DR HOLLYWOOD BCH FL	S Weiner, Milton 1201 S Ocean Dr Hollywood Bch, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	PARSONS, DEREK 1201 S OCEAN DR. HOLLYWOOD BCH FL	Treasurer Naron, Doris 1201 S Ocean Dr Hollywood Bch, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	WEINER, HILTON 1201 S OCEAN DR. HOLLYWOOD BCH FL	Finkelstein, Paul 1201 S Ocean Dr Hollywood Bch, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Finkelstein, Abraham 1201 S Ocean Dr Hollywood Bch, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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: Sam Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 925 3331
Daytime Phone #

CR2E037 (12/95)