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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33019-2121

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1981	3a. Date of Last Report 04/15/1996
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 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

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FOX, SAM	1.1 TITLE	Director
NAME	1201 S OCEAN DR.	1.2 NAME	Glasser, Richard
STREET ADDRESS	HOLLYWOOD BCH FL	1.3 STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	VP REGENSTRIEF, NAT	2.1 TITLE	Director
NAME	1201 SOUTH OCEAN DRIVE	2.2 NAME	Regenstrief, Nat
STREET ADDRESS	HOLLYWOOD BCH FL	2.3 STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	S WEINER, MILTON	3.1 TITLE	Secretary
NAME	1201 S OCEAN DR.	3.2 NAME	McClancy, George
STREET ADDRESS	HOLLYWOOD BCH FL	3.3 STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hollywood Bch FL 33019
TITLE	T NARAN, DORIS	4.1 TITLE	Director
NAME	1201 S OCEAN DR	4.2 NAME	Michelson, Leonard
STREET ADDRESS	HOLLYWOOD BCH FL	4.3 STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D FINKELSTEIN, PAUL	5.1 TITLE	VP President
NAME	1201 S OCEAN DR.	5.2 NAME	Finkelstein, Paul
STREET ADDRESS	HOLLYWOOD BCH FL	5.3 STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D FINKELSTEIN, ABRAHAM	6.1 TITLE	Director
NAME	1201 S OCEAN DR.	6.2 NAME	Leist, Howard
STREET ADDRESS	HOLLYWOOD BCH FL	6.3 STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hollywood, FL 33019

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____ DATE: 3/20/97 DAYTIME PHONE: 954-975-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPR2E037 (9/96)