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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: 1201 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019
Mailing Address: 1201 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019-2121

3. Date Incorporated or Qualified: 10/30/1981
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glasser, Richard	
1.3 STREET ADDRESS	1201 S Ocean Dr	
1.4 CITY-ST-ZIP	Hollywood, FL 33019	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Regenstrief, Nat	
2.3 STREET ADDRESS	1201 S Ocean Dr	
2.4 CITY-ST-ZIP	Hollywood, FL 33019	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McClancy, George	
3.3 STREET ADDRESS	1201 S Ocean Dr	
3.4 CITY-ST-ZIP	Hollywood Bch FL 33019	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michelson, Leonard	
4.3 STREET ADDRESS	1201 S Ocean Dr	
4.4 CITY-ST-ZIP	Hollywood, FL 33019	
5.1 TITLE	VP President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Finkelstein, Paul	
5.3 STREET ADDRESS	1201 S Ocean Dr	
5.4 CITY-ST-ZIP	Hollywood, FL 33019	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Leist, Howard	
6.3 STREET ADDRESS	1201 S Ocean Dr	
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)