

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758109 (3)**

1. Corporation Name  
**SUMMIT TOWERS CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>1201 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019</b>	Mailing Address <b>1201 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019</b>
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3. Date Incorporated or Qualified <b>10/30/1981</b>		
4. FEI Number <b>59-2132575</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FOX, SAM	
STREET ADDRESS	1201 S OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	REGENSTRIEF, NAT	
STREET ADDRESS	1201 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCLANCY, GEORGE	
STREET ADDRESS	1201 SO OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NARAN, DORIS	
STREET ADDRESS	1201 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, PAUL	
STREET ADDRESS	1201 S OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEIST, HOWARD	
STREET ADDRESS	1201 SO OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fox, Sam	
1.3 STREET ADDRESS	1201 S Ocean Drive	
1.4 CITY-ST-ZIP	Hollywood FL 33019	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glasser, Richard	
2.3 STREET ADDRESS	1201 S Ocean Drive	
2.4 CITY-ST-ZIP	Hollywood, FL 33019	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Katz, Rosalind	
3.3 STREET ADDRESS	1201 S Ocean Drive	
3.4 CITY-ST-ZIP	Hollywood, FL 33019	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Finkel, Irving	
4.3 STREET ADDRESS	1201 S Ocean Drive	
4.4 CITY-ST-ZIP	Hollywood, FL 33019	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Finkelstein, Paul	
5.3 STREET ADDRESS	1201 S Ocean Drive	
5.4 CITY-ST-ZIP	Hollywood, FL 33019	
6.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Leist, Howard	
6.3 STREET ADDRESS	1201 S Ocean Drive	
6.4 CITY-ST-ZIP	Hollywood, FL 33019	

14. 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 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: Paul Finkelstein 2/14/98 954 925 3337

CP2E037 (10/97)