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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758109

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/30/1981	4. FEI Number 59-2132575	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

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 Gary Mars - 1/6 Human Kaplan 82 Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street 27th Floor 83 84 City Miami FL 85 Zip Code 33130
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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 2/3/99
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: T	NAME: FOX, SAM	1.1 TITLE: Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1201 S OCEAN DR.	CITY-ST-ZIP: HOLLYWOOD BCH FL 33019	1.2 NAME: Al Finkelstein	
		1.3 STREET ADDRESS: 1201 S Ocean Drive	
		1.4 CITY-ST-ZIP: Hollywood, FL 33019	
TITLE: D	NAME: GLASSER, RICHARD	2.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1201 SOUTH OCEAN DRIVE	CITY-ST-ZIP: HOLLYWOOD BCH FL 33019	2.2 NAME: Al Adelson	
		2.3 STREET ADDRESS: 1201 S. Ocean Drive	
		2.4 CITY-ST-ZIP: Hollywood, FL 33019	
TITLE: D	NAME: KATZ, ROSALIND	3.1 TITLE: Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1201 SO OCEAN DRIVE	CITY-ST-ZIP: HOLLYWOOD BEACH FL 33019	3.2 NAME: Harriet Scott	
		3.3 STREET ADDRESS: 1201 S. Ocean Drive	
		3.4 CITY-ST-ZIP: Hollywood, FL 33019	
TITLE: D	NAME: FINKEL, IRVING	4.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1201 S OCEAN DR	CITY-ST-ZIP: HOLLYWOOD BCH FL 33019	4.2 NAME: George McClancy	
		4.3 STREET ADDRESS: 1201 S. Ocean Drive	
		4.4 CITY-ST-ZIP: Hollywood, FL 33019	
TITLE: P	NAME: FINKELSTEIN, PAUL	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1201 S OCEAN DR.	CITY-ST-ZIP: HOLLYWOOD BCH FL 33019	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: VP	NAME: LEIST, HOWARD	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1201 SO OCEAN DRIVE	CITY-ST-ZIP: HOLLYWOOD FL 33019	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/9/99 DAYTIME PHONE #: 954-925-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)