


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90151 037 ****61.25

0023546

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



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
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 **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**

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 <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, SAM	1.2 NAME	Al Finkelstein
STREET ADDRESS	1201 S OCEAN DR.	1.3 STREET ADDRESS	1201 S Ocean Drive
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	1.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASSER, RICHARD	2.2 NAME	Al Adelson
STREET ADDRESS	1201 SOUTH OCEAN DRIVE	2.3 STREET ADDRESS	1201 S. Ocean Drive
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	2.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, ROSALIND	3.2 NAME	Harriet Scott
STREET ADDRESS	1201 SO OCEAN DRIVE	3.3 STREET ADDRESS	1201 S. Ocean Drive
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019	3.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKEL, IRVING	4.2 NAME	George McClancy
STREET ADDRESS	1201 S OCEAN DR	4.3 STREET ADDRESS	1201 S. Ocean Drive
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	4.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, PAUL	5.2 NAME	
STREET ADDRESS	1201 S OCEAN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIST, HOWARD	6.2 NAME	
STREET ADDRESS	1201 SO OCEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	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)