

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90211 042 \*\*\*\*61.25

**DOCUMENT # 758109**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2132575**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARS, GARY**  
**C/O HYMAN KAPLAN**  
**150 WEST FLAGLER STREET, 27TH FLOOR**  
**MIAMI FL 33130**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	NORON, DAVIS	
STREET ADDRESS	1201 S OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	
TITLE	P	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, AL	
STREET ADDRESS	1201 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIET, SCOTT	
STREET ADDRESS	1201 SO OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCCLANCY, GEORGE	
STREET ADDRESS	1201 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINKELSTEIN, PAUL	
STREET ADDRESS	1201 S OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD BCH FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADELSON, AL	
STREET ADDRESS	1201 SO OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARON, DORIS	
STREET ADDRESS	1201 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSALIND KATZ	
STREET ADDRESS	1201 S. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHAN COHEN	
STREET ADDRESS	1201 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVING FINKEL	
STREET ADDRESS	1201 S. OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATHAN KONIGSBERG	
STREET ADDRESS	1201 S. OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD LEVINE	
STREET ADDRESS	1201 S. OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/01

Date

Daytime Phone #

CR2E037 (10/00)