


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90016 008 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2132575	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NARON, DORIS	NAME	John Munroe		
STREET ADDRESS	1201 S OCEAN DR.	STREET ADDRESS	1201 So Ocean Dr		
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019	CITY-ST-ZIP	Hollywood FL 33019		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FINKELSTEIN, AL	NAME	Sam Fox		
STREET ADDRESS	1201 SOUTH OCEAN DRIVE	STREET ADDRESS	1201 So Ocean Dr		
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019	CITY-ST-ZIP	Hollywood FL 33019		
TITLE	D <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARIOS, JACK	NAME	Keith Dewbury		
STREET ADDRESS	1201 S OCEAN DR	STREET ADDRESS	1201 So Ocean Dr		
CITY-ST-ZIP	HOLLYWOOD, FL 33019	CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FINKEL, IRVING	NAME	John LaHarche		
STREET ADDRESS	1201 S OCEAN DR	STREET ADDRESS	1201 So Ocean Dr		
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019	CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THORTON, BETTY	NAME	William Share		
STREET ADDRESS	1201 S OCEAN DR.	STREET ADDRESS	1201 So Ocean Dr		
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019	CITY-ST-ZIP	Hollywood, FL 33019		
TITLE	VP <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, HAROLD	NAME	Harold Levine		
STREET ADDRESS	1201 SO OCEAN DRIVE	STREET ADDRESS	1201 So Ocean Drive		
CITY-ST-ZIP	HOLLYWOOD, FL 33019	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 life empowered.					
SIGNATURE: <i>Harold Levine</i>			Date: 2-17-04		Daytime Phone #: 954 925 3337
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					