

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90076 009 \*\*\*\*61.25

15.61246 - 10122

**50008142**



01252005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 758109</b>					
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
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
B. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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	V	<input type="checkbox"/> Delete		TITLE	Secretary
NAME	MUNROE, JOHN			NAME	Keith Dewbury
STREET ADDRESS	1201 S OCEAN DR.			STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019			CITY-ST-ZIP	Hollywood, FL 33019
TITLE	T	<input type="checkbox"/> Delete		TITLE	Director
NAME	FOX, SAM			NAME	Judie Manulkin
STREET ADDRESS	1201 SOUTH OCEAN DRIVE			STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019			CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director
NAME	ARIOS, JACK			NAME	William Share
STREET ADDRESS	1201 S OCEAN DR			STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D	<input type="checkbox"/> Delete		TITLE	President
NAME	LAMARCHE, JOHN			NAME	LaMarche, John
STREET ADDRESS	1201 S OCEAN DR			STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019			CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D	<input type="checkbox"/> Delete		TITLE	Director
NAME	THORTON, BETTY			NAME	Al Fintelstein
STREET ADDRESS	1201 S OCEAN DR.			STREET ADDRESS	1201 S Ocean Dr
CITY-ST-ZIP	HOLLYWOOD BCH, FL 33019			CITY-ST-ZIP	Hollywood, FL 33019
TITLE	P	<input type="checkbox"/> Delete		TITLE	Director
NAME	LEVINE, HAROLD			NAME	Harold Levine
STREET ADDRESS	1201 SO OCEAN DRIVE			STREET ADDRESS	1201 S Ocean Dr
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 like empowered.					
SIGNATURE: <u>John LaMarche</u>		John LaMarche		1-28-2005 954 925 3337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	