

**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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>John LaMarche</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John LaMarche		Date: 1-28-2005	
				Daytime Phone #: 954 925 3337	