


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90004 028 \*\*\*\*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

**60015323**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-2132575**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MELONI, EDO**  
**900 S.W. 40TH AVENUE**  
**PLANTATION, FL 33317**

7. Name and Address of New Registered Agent  
 Name **Edo Meloni, Esq. - Fein & Meloni, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**900 S.W. 40th Avenue**  
 City **Plantation, FL** Zip Code **33317**

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. **SAME ADDRESS ADDITION.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNROE, JOHN 1201 S OCEAN DR. HOLLYWOOD BCH, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX, SAM 1201 SOUTH OCEAN DRIVE HOLLYWOOD BCH, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEWBURY, KEITH 1201 S OCEAN DR HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMARCHE, JOHN 1201 S OCEAN DR HOLLYWOOD BCH, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORTON, BETTY 1201 S OCEAN DR. HOLLYWOOD BCH, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, HAROLD 1201 S OCEAN DR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary William Share 1201 S Ocean Dr Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Helen Puchalsky 1201 S Ocean Dr Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judie Manolkin 1201 S Ocean Dr Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Al Finkelsktein 1201 S Ocean Dr Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 John LaMarche John LaMarche - President 2/2/06 954-925 3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #