


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 Finkelskin 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 #