

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90015 037 ****61.25



40099314



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 - No P.O. Box #		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	
EDO MELONI, ESQ- FEIN& MELONI, P.A. 900 SW 40TH AVE PLANTATION, FL 33317		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALONSO, RUBEN 2101 S. OCEAN DR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alonso, Ruben 1201 S. Ocean Drive Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEERY, WILLIAM 1201 S. OCEAN DR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President deery, William 1201 S. ocean Drive Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANULKIN, JUDIE 1201 S. OCEAN DR HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Axelrod, Milton 1201 S. ocean Drive Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUNCHALSKY, HELEN 1201 S. OCEAN DR HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gassaway, Charlene 1201 S. ocean Drive Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXELROD, MILTON 1201 S. OCEAN DR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sera, Armando 1201 S. ocean Drive Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, ADAM 1201 S OCEAN DR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Silveira, Silvio 1201 S. ocean Drive Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" 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: *[Signature]* 4/10/08 94-925-3337

ATTACHMENT
40099314
 # 758109

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Werner, Lourdes 1201 S. Ocean Drive HOLLYWOOD, FL 33019 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Shapiro, Adam 1201 S. Ocean Drive HOLLYWOOD, FL 33019 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>

I certify that the information provided is true and correct. I further certify that the information provided is true and correct. I further certify that the information provided is true and correct. I further certify that the information provided is true and correct. I further certify that the information provided is true and correct.

IN DIRECTOR _____ Date _____ Day/Time/Phone # _____