

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731931

**Entity Name:** SUMMER SEA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

88500 OVERSEAS HWY  
TAVERNIER, FL 33070

**Current Mailing Address:**

88500 OVERSEA HWY.  
TAVERNIER, FL 33070

**FEI Number:** 59-1709525

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
C/O DAVID ROGEL, ESQ.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SURHOFF, KENNETH  
Address 88500 OVERSEA HWY.  
City-State-Zip: TAVERNIER FL 33070

Title VP  
Name DELUCIA, RICHARD  
Address 88500 OVERSEA HWY.  
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR  
Name MARTINEZ, JOE  
Address 88500 OVERSEA HWY.  
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR  
Name MARIKA, CINDY  
Address 88500 OVERSEA HWY.  
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR  
Name TALMADGE, LARRY  
Address 88500 OVERSEA HWY.  
City-State-Zip: TAVERNIER FL 33070

Title SECRETARY  
Name CANTIN, LINDA  
Address 88500 OVERSEA HWY.  
City-State-Zip: TAVERNIER FL 33070

Title TREASURER  
Name LONG, ROBERT  
Address 88500 OVERSEA HWY.  
City-State-Zip: TAVERNIER FL 33070

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH SURHOFF

**PRESIDENT**

**02/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date