FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708344 (7)

1. Corporation Name
OCEAN SUMMIT ASSOCIATION, INC. (A CONDOMINIUM ASSOCIATION)

Principal Place of Business	Mailing Address
4010 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	4010 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1092464 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 Same as above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAMPLE, C. VERNON
4010 GALT OCEAN DRIVE
APT. 1714
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Craig A. Remour
82 Street Address (P.O. Box Number is Not Acceptable): 4010 Galt Ocean Drive
83 Apt. 214
84 City: Ft. Lauderdale. FL 85 Zip Code: 33308

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Craig A. Remour, Manager DATE: 3/30/95
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	FABRE, HERMAN	12 NAME		
STREET ADDRESS	4010 GALT OCEAN DRIVE, APT. 1710	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	BAILEY, RUSSELL A.	22 NAME		
STREET ADDRESS	4010 GALT OCEAN DRIVE - APARTMENT 1510	23 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	President	☒ Change ☐ Addition
NAME	COOK, ROBERT A.	32 NAME	Cook, Robert A.	
STREET ADDRESS	4010 GALT OCEAN DR. - APT. 1504	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DE LEON, ALBERT MD	42 NAME		
STREET ADDRESS	4010 GALT OCEAN DR - #1107-8	43 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Chairwoman	☒ Change ☐ Addition
NAME	TWYNHAM, TIMOTHY J.	52 NAME	Patricia K. Zeiler	
STREET ADDRESS	4010 GALT OCEAN DR., #216	53 STREET ADDRESS	4010 Galt Ocean Dr. - Apt. 803	
CITY-ST-ZIP	FT.LAUDERDALE FL	54 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33308	
TITLE	PD	61 TITLE	Vice President	☒ Change ☐ Addition
NAME	SAMPLE, VERNON	62 NAME	Joseph R. Piccolo	
STREET ADDRESS	4010 GALT OCEAN DRIVE - APARTMENT 1714	63 STREET ADDRESS	4010 Galt Ocean Dr. - Apt. 1415	
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell A Bailey Treasurer 3/30/95 305/565-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Russell A. Bailey

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