

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1996 3-29-96

B-2816

DIVISION OF CORPORATIONS

C

DOCUMENT # 708344

(7)

1. Corporation Name

OCEAN SUMMIT ASSOCIATION, INC. (A CONDOMINIUM AS
SOCIATION)



Principal Place of Business

Mailing Address

4010 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

4010 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified
01/14/1965

3a. Date of Last Report
04/18/1995

2. Principal Place of Business
21 SAME AS ABOVE

2a. Mailing Address
26 SAME AS ABOVE

4. FEI Number
59-1092464

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REMOUR, CRAIG A
4010 GALT OCEAN DRIVE
APT 214
FT. LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Such 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Craig A. Remour 3/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME FABRE, HERMAN
STREET ADDRESS 4010 GALT OCEAN DRIVE, APT. 1710
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE Cook, Robert A. (D) ☒ Change ☐ Addition
1.2 NAME 4010 Galt Ocean Dr. - Apt. 1504
1.3 STREET ADDRESS Ft. Lauderdale, Fl. 33308
1.4 CITY-ST-ZIP

TITLE TO ☐ DELETE
NAME BAILEY, RUSSELL A.
STREET ADDRESS 4010 GALT OCEAN DRIVE - APARTMENT 1510
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Piccolo, Joseph R.
2.3 STREET ADDRESS 4010 Galt Ocean Dr. - Apt. 1415
2.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33308

TITLE P ☐ DELETE
NAME COOK, ROBERT A.
STREET ADDRESS 4010 GALT OCEAN DR. - APT. 1504
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE P ☐ Change ☒ Addition
3.2 NAME C. Vernon Sample
3.3 STREET ADDRESS 4010 Galt Ocean Dr. - Apt. 1714
3.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33308

TITLE D ☐ DELETE
NAME DE LEON, ALBERT MD
STREET ADDRESS 4010 GALT OCEAN DR - #1107-8
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME ZEILER, PATRICIA K
STREET ADDRESS 4010 GALT OCEAN DR. - APT. 803
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Zeiler, Patricia K.
5.3 STREET ADDRESS 4010 Galt Ocean Dr. - Apt. 803
5.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 33308

TITLE VP ☐ DELETE
NAME PICCOLO, JOSEPH R
STREET ADDRESS 4010 GALT OCEAN DR. APT 1415
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME Leroy Wheat
6.3 STREET ADDRESS 4010 Galt Ocean Dr. - Apt. 609
6.4 CITY-ST-ZIP Ft. Lauderdale, Fl. 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)(k), 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:

C. Vernon Sample

3/19/96

546-0719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)