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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33308-6542



3. Date Incorporated or Qualified  
**01/14/1965**

3a. Date of Last Report  
**03/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-1092464**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	FABRE, HERMAN
STREET ADDRESS	4010 GALT OCEAN DRIVE, APT. 1710
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BAILEY, RUSSELL A.
STREET ADDRESS	4010 GALT OCEAN DRIVE - APARTMENT 1510
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COOK, ROBERT A.
STREET ADDRESS	4010 GALT OCEAN DR. - APT. 1504
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DE LEON, ALBERT MD
STREET ADDRESS	4010 GALT OCEAN DR - #1107-8
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ZEILER, PATRICIA K
STREET ADDRESS	4010 GALT OCEAN DR. - APT. 803
CITY - ST - ZIP	FT.LAUDERDALE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	PICCOLO, JOSEPH R
STREET ADDRESS	4010 GALT OCEAN DR. APT 1415
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nemec Ladislav
3.3 STREET ADDRESS	4010 Galt Ocean Dr. - Apt. 1507
3.4 CITY - ST - ZIP	Ft. Lauderdale, Fl. 33308
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sample, C. Vernon
4.3 STREET ADDRESS	4010 Galt Ocean Dr. - Apt. 1714
4.4 CITY - ST - ZIP	Ft. Lauderdale, Fl. 33308
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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:

*Ladislav Nemec*

LADISLAV NEMEC

3/27/97

954/565-6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034382

CR2E037 (9/96)