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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4010 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	Mailing Address 4010 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308
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3. Date Incorporated or Qualified
01/14/1965

4. FEI Number
59-1092464

Applied For	Not Applicable
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2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Zip 29	Country 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FABRE, HERMAN 4010 GALT OCEAN DRIVE, APT. 1710 FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, RUSSELL A. 4010 GALT OCEAN DRIVE - APARTMENT 1510 FT LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LADISLAV, NEMEC 4010 GALT OCEAN DR. APT 1507 FT. LAUDERDALE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMPLE, C. VERNON 4010 GALT OCEAN DR. APT 1714 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEILER, PATRICIA K 4010 GALT OCEAN DR. - APT. 803 FT.LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICCOLO, JOSEPH R 4010 GALT OCEAN DR. APT 1415 FT. LAUDERDALE FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S/D Robert A. Behrens 4010 Galt Ocean Dr. - Apt. 1103 Ft. Lauderdale, FL. 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Leroy Wheat 4010 Galt Ocean Dr. - Apt. 609 Ft. Lauderdale, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Katharine P. Tymeson 4010 Galt Ocean Dr. - Apt. 604 Ft. Lauderdale, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Shawell A. Bowler* Treasurer **3/30/98**

CR2E037 (10/97)