

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90066 040 ****61.25

0006697

DOCUMENT # 708344

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/14/1965

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

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

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 ☐ DELETE
NAME **SD BEHRENS, ROBERT A.**
STREET ADDRESS **5010 GALT OCEAN DR APT 1103**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

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

TITLE ☐ DELETE
NAME **VP LADISLAV, NEMEC**
STREET ADDRESS **4010 GALT OCEAN DR. APT 1507**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D WHEAT, LEROY**
STREET ADDRESS **4010 GALT OCEAN DR APT 609**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D TYMESON, KATHARINE P.**
STREET ADDRESS **4010 GALT OCEAN DR APT 604**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☒ DELETE
NAME **P 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Lee Vulgaris
4010 Galt Ocean Dr. Apr 904
Fr. Lauderdale FL 33308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

565-6696

Date

Daytime Phone #

CR2E037 (11/98)