

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 708344**

1. Entity Name

OCEAN SUMMIT ASSOCIATION, INC. (A CONDOMINIUM AS

Principal Place of Business

**4010 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308**

Mailing Address

**4010 GALT OCEAN DRIVE
FORT LAUDERDALE FLA 33308-6542**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1092464

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****REMOUR, CRAIG A
4010 GALT OCEAN DRIVE
APT 214
FT. LAUDERDALE FL 33308****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	SD	<input type="checkbox"/> Delete
NAME	BEHRENS, ROBERT A.	
STREET ADDRESS	4010 GALT OCEAN DR APT 1103	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

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	VP	<input type="checkbox"/> Delete
NAME	LADISLAV, NEMEC	
STREET ADDRESS	4010 GALT OCEAN DR. APT 1507	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEAT, LEROY	
STREET ADDRESS	4010 GALT OCEAN DR APT 609	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	TYMESON, KATHARINE P.	
STREET ADDRESS	4010 GALT OCEAN DR APT 604	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	VULGARIS, LEE	
STREET ADDRESS	4010 GALT OCCON DR. APT 904	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS DAWSON	
STREET ADDRESS	4010 GALT OCEAN APT 204	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADISLAV NEMEC	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE****1-20-00 954 565-6696**