

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90005 040 \*\*\*\*61.25

**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 FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1092464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**Arnold I. Rabin**

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

**1006 NE 24 Ave**

**Hallandale, FL 33009**

City

**FL**

Zip Code  
**33009**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**DAWSON, DOUGLAS** ☒ Delete  
**4010 GALT OCEAN APT 204**  
**FORT LAUDERDALE FL 33308**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**VULGARIS, LEE** ☒ Delete  
**4010 GALT OCEAN DR. APT 904**  
**FT. LAUDERDALE FL 33308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**Dawson, Douglas** ☐ Change ☐ Addition  
**4010 Galt Ocean Dr. Apt 204**  
**Fr. Lauderdale, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**Lee Wheat** ☐ Change ☐ Addition  
**4010 Galt Ocean Dr. # 1406**  
**Fr. Lauderdale FL 33308**

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:

**Russell A. Bailey**

**1-4-01**

**954 561-5181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0045786