

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90071 003 ****61.25

DOCUMENT # 708344

1. Entity Name
OCEAN SUMMIT ASSOCIATION, INC. (A CONDOMINIUM ASSOCIATION)

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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
**ARNOLD, ROBIN
 1006 NE 24TH AVE
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent
 Name **Leo Lowenthal**
 Street Address (P.O. Box Number is Not Acceptable) **4010 Galt Ocean Dr. # 214**
 City **Fort Lauderdale** FL Zip Code **33308**

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 **LEE LOWENTHAL** *Lee Lowenthal*
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME BEHRENS, ROBERT A. STREET ADDRESS 5010 GALT OCEAN DR APT 1103 CITY-ST-ZIP FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete	TITLE D NAME DONNA BRACCHI-TERENZIO STREET ADDRESS 4010 GALT OCEAN DR APT 406 CITY-ST-ZIP FT. LAUDERDALE FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME BAILEY, RUSSELL A. STREET ADDRESS 4010 GALT OCEAN DRIVE - APARTMENT 1510 CITY-ST-ZIP FT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE D NAME PIERE FAVREAU STREET ADDRESS 4010 GALT OCEAN DR APT 1110 CITY-ST-ZIP FT. LAUDERDALE FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE BS NAME LADISLAV, NEMEC STREET ADDRESS 4010 GALT OCEAN DR. APT 1507 CITY-ST-ZIP FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE D NAME JAMES COMIS STREET ADDRESS 4010 GALT OCEAN DR APT 406 CITY-ST-ZIP FT LAUDERDALE FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME DAWSON, DOUGLAS STREET ADDRESS 4010 GALT OCEAN APT 204 CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TYMESON, KATHARINE P. STREET ADDRESS 4010 GALT OCEAN DR APT 604 CITY-ST-ZIP FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME WHEAT, LEE STREET ADDRESS 4010 GALT OCEAN # 1406 CITY-ST-ZIP FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Russell A Bailey** 1-11-02 954-561-5181
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)