

**2004-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90059 005 \*\*\*\*61.25

<b>DOCUMENT # 708344</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1092464	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
E LOWANTHAL, LEE 4010 GALT OCEAN DR APT 405 214 FORT LAUDERDALE FL 33308			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 1/28/04		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRACCHI, DONNA T		NAME		
STREET ADDRESS	4010 GALT OCEAN DR APT 405		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAILEY, RUSSELL A.		NAME		
STREET ADDRESS	4010 GALT OCEAN DRIVE - APARTMENT 1510		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LADISLAV, NEMEC		NAME		
STREET ADDRESS	4010 GALT OCEAN DR. APT 1507		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAWSON, DOUGLAS		NAME		
STREET ADDRESS	4010 GALT OCEAN APT 204		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMIS, JAMES		NAME		
STREET ADDRESS	4010 GALT OCEAN DR APT 406		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEAT, LEE		NAME		
STREET ADDRESS	4010 GALT OCEAN # 1406		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		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: 			DATE: 1-26-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



MOORE CR2E037 (11/03)