

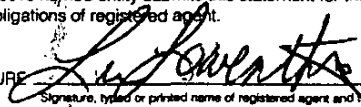



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90251 044 ****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 | | 01052006 Chg-NP CR2E037 (11/05) | |
| Zip Country | | Zip Country | | 4. FEI Number 59-1092464 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LOWENTHAL, LEE 4010 GALT OCEAN DR APT 214 FORT 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  DATE 1/12/06 <small>(NOTE: Registered Agent signature required when releasing)</small> | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P. BRACCHI, DONNA T 4010 GALT OCEAN DR APT 405 FT. LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | TITLE VP NAME STREET ADDRESS CITY-ST-ZIP | PATALANO, VINCENT 4010 GALT OCEAN DR APT 201 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAILEY, RUSSELL A. 4010 GALT OCEAN DRIVE - APARTMENT 1510 FT LAUDERDALE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LADISLAV, NEMEC 4010 GALT OCEAN DR. APT 1507 FT. LAUDERDALE, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAWSON, DOUGLAS 4010 GALT OCEAN APT 204 FORT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COMIS, JAMES 4010 GALT OCEAN DR APT 406 FORT LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHEAT, LEE 4010 GALT OCEAN # 1406 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 exemptions contained in Chapter 119, 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 1/12/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |