
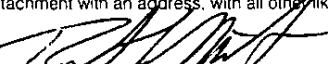


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 731931</b> 1. Entity Name <b>SUMMER SEA CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>07 SEP 14 PM 3: 12</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>MILE MARKER 88 1/2 TAVERNIER, FL 33070</b>				Mailing Address <b>MILE MARKER 88 1/2 TAVERNIER, FL 33070</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MILLER, ROBERT C MANAGER SUMMER SEA CONDO 88500 US 1 TAVERNIER, FL 33070</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, KATHY 88500 OVERSEAS HWY #502 CLAMORADA, FL 33070 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TRIAS</b> <b>OSBORNE, DANIEL</b> <b>321 CROTON WAY</b> <b>WEST PALM BEACH, FL 33401</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKE, JANET 777 S FEDERAL HWY 306 N POMPANO BEACH, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT</b> <b>SAENGER, JEFFREY</b> <b>1236 BAT VIEW WAY</b> <b>WELLINGTON, FL 33414</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>SECRETARY</b> GEISLER, GEORGE 88500 US 1 APT. 509 TAVERNIER, FL 33070 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>BAIRD, EDWARD</b> <b>1039 HOLLYWOOD BLVD</b> <b>HOLLYWOOD, FL 33019</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANTIN, AUGUST 8695 SW 110TH ST MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.P.</b> <b>WARD, JAMES</b> <b>88500 OVERSEAS HWY #502</b> <b>TAVERNIER, FL 33070</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORA, GRAZIELLA 13592 SW 57TH STREET MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>KOP, JONELLZ</b> <b>88500 OVERSEAS HWY #507</b> <b>TAVERNIER, FL 33070</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, GUIDO 1070 S.W. PLACE CT MIAMI, FL 33184 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400109595144</b> <b>09/18/07--01069--004 **61.25</b>		
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.							
<b>SIGNATURE:</b> 				<b>ROBERT C. MILLER MANAGER 9-14-07</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			