

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90016 041 ****61.25

DOCUMENT # N95000003012
1. Corporation Name

SUMMIT TOWER I OF DADELAND CONDOMINIUM ASSOCIATION; INC.

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|--|--|
| Principal Place of Business | Mailing Address |
| 17250 NE 19th Ave. North Miami Beach FL. 33162 | 17250 NE 19th Ave. North Miami Beach FL. 33162 |

| | | |
|---|---|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 17250 NE 19th Ave. Suite, Apt. #, etc. | 26 17250 NE 19th Ave Suite, Apt. #, etc. | 06/23/96 |
| 22 City & State | 27 City & State | 4. FEI Number 65-0752392 |
| 23 North Miami Beach Zip 33162 Country FL | 28 North Miami Beach Zip 33162 Country FL | Applied For Not Applicable |
| 24 | 25 | 29 |
| 24 | 25 | 29 |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| MJB MANAGEMENT SERVICES, INC 17250 NE 19th Ave. North Miami Beach, FL. 33162 | 81 Name MJB MANAGEMENT SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 17250 NE 19th Ave. 83 City North Miami Beach, FL. 84 City North Miami Beach FL 85 Zip Code 33162 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MARITZA BORONAT
Maritza Boronat
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature is Required when Renewing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Feinstein, Edward | 1.2 NAME | |
| STREET ADDRESS | 9125 SW 77th Ave # A 109 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL. 33156 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Feldman, Mortimer | 2.2 NAME | |
| STREET ADDRESS | 9125 SW 77th Ave. # 109 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL. 33156 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Orlow, Lloyd B. | 3.2 NAME | |
| STREET ADDRESS | 1318-NW-7th-ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL. 33125 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | D Sanchez, Marie |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 9125 SW 77th Ave # 407 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Miami, FL. 33156 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 03/22/99
Daytime Phone #: 305-9408795

CR2E037 (1/98)