

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 21 PM 12:47

DOCUMENT # N95000003012
1. Corporation Name
SUMMIT TOWER I OF DAELAND CONDOMINIUM ASSOCIATI
ON, INC.

Principal Place of Business Mailing Address
9125 S.W. 77TH AVENUE MIAMI FL 33156
17250 NE 19th Avenue
N. Miami Beach, Fl 33162



6-16-99 90016 024 61.25

21	2. Principal Place of Business	2a. Mailing Address	2b. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	17250 NE 19 Avenue	06/23/1995	65-0752392	Not Applicable
22	City & State	City & State	N. Miami Beach, Fl 33162	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	Zip	Country	33162 USA	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEINSTEIN, EDWARD 17250 NE 19 Avenue N. Miami Beach, Fl 33162 MIAMI FL 33156	81 Name MJB Management Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 17250 NE 19 Avenue 83 84 City N. Miami Beach, FL 85 Zip Code 33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Mariza Boronat* DATE: 6/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEINSTEIN, EDWARD	1.2 NAME	Marie Sanchez
STREET ADDRESS	9125 S.W. 77TH AVENUE	1.3 STREET ADDRESS	9125 SW 77 Avenue, Unit 407
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Miami, Fl 33156
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELDMAN, MORTIMER	2.2 NAME	Mary Ann Collier
STREET ADDRESS	9125 S.W. 77TH AVENUE	2.3 STREET ADDRESS	9125 SW 77 Avenue, Unit 102
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	Miami, Fl 33156
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORLOW, LLOYD B	3.2 NAME	Angeles Corton
STREET ADDRESS	1318 N W 7TH ST	3.3 STREET ADDRESS	9125 SW 77 Avenue, Unit 801
CITY-ST-ZIP	MIAMI FL 33125	3.4 CITY-ST-ZIP	Miami, Fl 33156
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Miguel Rodriguez
STREET ADDRESS		4.3 STREET ADDRESS	9125 SW 77 Avenue, Unit 704
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: *Mariza Boronat* SIGNATURE REQUIRED DATE: 6/1/99 DAYTIME PHONE #: 305-940-8795

CR2E037 (11/98)