

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708344

Entity Name: OCEAN SUMMIT ASSOCIATION, INC. (A CONDOMINIUM ASSOCIATION)**Current Principal Place of Business:**4010 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308**Current Mailing Address:**4010 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308 US**FEI Number: 59-1092464****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR.
SUITE 315
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	DAWSON, DOUG
Address	4010 GALT OCEAN DR # 204
City-State-Zip:	FT. LAUDERDALE FL 33308
Title	DIRECTOR
Name	ZEILER, PATRICIA
Address	4010 GALT OCEAN DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33308
Title	D
Name	BRUNO, MARTHA
Address	4010 GALT OCEAN DR #1003
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	CFO
Name	ASCHNER, HOWARD
Address	4010 GALT OCEAN DRIVE #901
City-State-Zip:	FT LAUDERDALE FL 33308
Title	D
Name	PYATT, EVERETT
Address	4010 GALT OCEAN DR #802
City-State-Zip:	FORT LAUDERDALE FL 33308
Title	VP
Name	PATALANO, VINCENT
Address	4010 GALT OCEAN DR #201
City-State-Zip:	FORT LAUDERDALE FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD ASCHNER**TREASURER****01/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date