

**2021 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:** Yes**Name and Address of Current Registered Agent:**SACHS SAX CAPLAN  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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:** LOUIS CAPLAN

02/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JASELIUNAS, GAIL  
Address        4010 GALT OCEAN DR #1610  
City-State-Zip: FT. LAUDERDALE FL 33308

Title            DIRECTOR  
Name            BRUNO, MARTHA  
Address        4010 GALT OCEAN DR #1003  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            SECRETARY  
Name            DER ANANIAN, GAIL  
Address        4010 GALT OCEAN DR #1509  
City-State-Zip: FT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            ADAMS, MARTIN  
Address        4010 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            TREASURER  
Name            ASCHNER, HOWARD  
Address        4010 GALT OCEAN DRIVE #901  
City-State-Zip: FT LAUDERDALE FL 33308

Title            VP  
Name            SPITNALE, GARY  
Address        4010 GALT OCEAN DR #402  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            EVERETT, PYATT  
Address        4010 GALT OCEAN DR #802  
City-State-Zip: FT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            DIETZ, VALI  
Address        4010 GALT OCEAN DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

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*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:** GAIL DER ANANIAN**SECRETARY**

02/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	OLSEN, JOHN
Address	4010 GALT OCEAN DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33308