

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707973 (4)  
1. Corporation Name  
GOLFCREST CONDOMINIUM, INC.



Principal Place of Business Mailing Address  
C/O 400 SOUTH LUNA COURT HOLLYWOOD FL 33021 C/O 400 SOUTH LUNA COURT HOLLYWOOD FL 33021

3. Date Incorporated or Qualified 10/16/1964 3a. Date of Last Report 03/08/1995  
4. FEI Number NOT APPLICABLE Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
JOHNSON, WILLIAM F.  
400 S. LUNA CT., APT 2  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
81 Name Stephen DiLorenzo  
82 Street Address (P.O. Box Number is Not Acceptable) 400 S. Luna Ct. Apt. 6  
83 Hollywood, Fla. 33021  
84 City FL 85 Zip Code

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 Stephen DiLorenzo (President) *Stephen DiLorenzo* Jan. 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DITTHARDT, FLORA	
STREET ADDRESS	400 S. LUNA COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM F	
STREET ADDRESS	400 S. LUNA COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, MARIE	
STREET ADDRESS	400 S. LUNA COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, HENRIETTA	
STREET ADDRESS	400 S. LUNA COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	President D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Stephen DiLorenzo		
1.3 STREET ADDRESS	400 S. Luna Ct. Apt. 6		
1.4 CITY - ST - ZIP	Hollywood, Fl. 33021		
2.1 TITLE	VPD William F. Johnson	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	400 S. Luna Ct.		
2.4 CITY - ST - ZIP	Hollywood, fl 33021		
3.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Marie E. Lee		
3.3 STREET ADDRESS	400 S. Luna Ct.		
3.4 CITY - ST - ZIP	Hollywood, fl 33021		
4.1 TITLE	Secretary D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Bernadine Donovan		
4.3 STREET ADDRESS	Hollywood, Fl 33021		
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marie E. Lee* (Treasurer D) Marie E. Lee Jan. 20, 96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)