FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT 1998 | | | Secretary of State DIVISION OF CORPORATIONS | | | | | Secret | ary | of S | State | | |
|--|---|---------------------|---|---|------------------------|-------------------------|------------------------|--------------|--|---|------------------|---------------|-------------------|
| F | OCUI | - | # * | 707973 | (4) | | | | | | | | |
| GOLFCREST CONDOMINIUM, INC. | | | | | | | | | | | | | |
| | | | | | | | | | | | | an and deal | ANAN ANAN MAN |
| Principal Place of Business Mailing Address | | | | | | | | | | - | | | |
| C/O 400 SOUTH LUNA COURT C/O 400 SOUTH LUNA COUR | | | | | | MA COURT | • | | | 2 0-4-1 | | | |
| I avantaine ee'e. Court in 1 | | | | | HOLLYWOOD FL 33021 | | | | 3. Date Incorporated or Qualified 10/16/1964 | I | | | |
| | | | | | | | | | | 4. FEI Number | | 4 | applied For |
| _ | Polonia al Di | | | | | | | | | NOT APPLICABLE | | | lot Applicable |
| 21 | Principal Pl | ace of Busil | ness | | 2a. Mailing Address | | | | | 5. Certificate of Status Desired | | | Additional |
| | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 6. Election Campaign Financing | | | May Be |
| 22 | | | | | 27 | | | | | Trust Fund Contribution | | Added 1 | may be to Fees |
| Ь | City & State | | | | City & State | | | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 23 | Zip | p Country | | | Zip Country | | | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | | 25 | | | 29 30 | | | r | | Personal Property Tax due Jun | | | itangible No |
| | | 9. Name | and Add | rees of Current R | | (00) | | | | 10. Name and Address of New R | | | |
| | | | | | | | | Name | 9 | | | | |
| | DILORENZO, STEPHEN | | | | | | | Stree | t Addres | ss (P.O. Box Number is Not Accepte | ible) | | |
| | 400 S. LUNA CT. | | | | | | | | | | | | |
| APT. 6 HOLLYWOOD FL 33021 | | | | | | | | | | | | | |
| 110141111000 16 00061 | | | | | | | | City | | | FI | 85 Zip | Code |
| 11. | Pursuant to | the provis | ions of Se | ctions 617.0502 a | nd 617.1508, Florida S | tatutes, th | e above | -name | d corpo | ration submits this statement for the | purpose o | f changing | its registered |
| | agent. I an | n familiar wi | th, and a | orn, in the State of except the obligation | ns of, Section 617.050 | was autho 3, Florida | rized by Statutes | the co s. | rporatio | ration submits this statement for the n's board of directors. I hereby acce | pt the app | ointment as | registered |
| SIGNATURE | | | | | | | | | | | | | |
| 12. | | signature, typed | | OFFICERS AND D | | | stered Age | ni signatu | re required | when reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS AND | DIRECTOL | 20 IN 12 |
| TITE | E | VPD | | | ☐ DELETE | | 1.1 TITLE | | | | DEITO FILE | ☐ Change | Addition |
| NAM | SUMMA, ANDREW | | | W | 1.2 6 | | | | | | | | · |
| STR | TREET ADDRESS 400 S LUNA CT, APT #5 | | | | 1.3 | | | ADDRESS | | | | | |
| | /-ST-ZIP | HOLLYM | <u>vood fl</u> | | - Decision | | 1.4 CITY - S | T- ZIP | _ | | | | |
| TITL | 1 | TDS | DIC C | | ☐ DELETE | II. | 2.1 TITLE | | | | | ☐ Change | Addition |
| | EET ADDRESS | LEE, MA 400 S. L | | | | | 2.2 NAME 2.3 STREET | ADDOCCC | } | | | | |
| | -ST-ZIP | HOLLYW | | | | | 2. 4 CITY-S | | | | | | İ |
| TITL | | SDT | | | DELETE | 1 | 3.1 TITLE | | SD | | | Change | Addition |
| NAN | | DONOV | | | | : | 3.2 NAME | | Dit | ORENZO, BERNI | IDINE | | |
| | STREET ADDRESS 400 S. LUNA CT. HOLLYWOOD FL | | | • | | | | ADDRESS | 40 | 4005, LUHA CT. | | | |
| TITL | '-ST-ZIP | P | OUD FL | | ☐ DELETE | | 1.4. CITY-S | T-ZIP | HO | LLYWOOD FL 3303 | <u>L I </u> | 05 | A HATEL |
| NAM | | DILOREN | IZO STI | -VEN | | | I.1 TITLE I. 2 Name | | | | | L Change | ☐ Addition |
| | ET ADDRESS | 400 S LU | | ., | | | .3 STAEET | ADDRESS | | | | | |
| | -ST-ZIP | HOLLYW | | | | 4 | .4 CITY - ST | | | | | | |
| TITL | | | | | ☐ DELETE | 5 | .1 TITLE | | | | | Change | Addition |
| NAM | | | | | | | .2 NAME | | | | | | |
| | ET ADDRESS | | | | | | .3 STREET | | | | | | |
| TITLE | -ST-ZIP | | | | DELETE | | 4 CITY - ST | - ZIP | | | | Change | Addition |
| NAM | | | | | | | 2 NAME | | | | | — criedly | Lu nadioni |
| STRE | ET ADORESS | | | | | | 3 STREET | ADDRESS | | | | | 1 |
| OITV | CT 310 | | | | | | | | 1 | | | | |

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.

FILED

Feb 05 1998 8:00am