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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: C/O 400 SOUTH LUNA COURT HOLLYWOOD FL 33021  
Mailing Address: C/O 400 SOUTH LUNA COURT HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 10/16/1964  
4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? [X] Yes [ ] No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent: DILORENZO, STEPHEN, 400 S. LUNA CT. APT. 6, HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPD	NAME: SUMMA, ANDREW	1.1 TITLE:	
STREET ADDRESS: 400 S LUNA CT, APT #5	CITY-ST-ZIP: HOLLYWOOD FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: TDS	NAME: LEE, MARIE E	2.1 TITLE:	
STREET ADDRESS: 400 S. LUNA CT.	CITY-ST-ZIP: HOLLYWOOD FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: SDT	NAME: DONOVAN, BERNADINE	3.1 TITLE:	SDT
STREET ADDRESS: 400 S. LUNA CT.	CITY-ST-ZIP: HOLLYWOOD FL	3.2 NAME:	DILORENZO, BERNADINE
		3.3 STREET ADDRESS:	400S. LUNA CT.
		3.4 CITY-ST-ZIP:	HOLLYWOOD FL 33021
TITLE: P	NAME: DILORENZO, STEVEN	4.1 TITLE:	
STREET ADDRESS: 400 S LUNA CT	CITY-ST-ZIP: HOLLYWOOD FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		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.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)