

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-17-2003 90682 031 ****61.25

DOCUMENT # 707973

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIORENZO, STEPHEN
400 S. LUNA CT.
APT. 6
HOLLYWOOD FL 33021

Name **HESTER RICHARD**

Street Address (P.O. Box Number is Not Acceptable)
400 SO. LUNA CT. APT 4

City **HOLLYWOOD**

FL Zip Code **33021**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Hester

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
NAME **HESTER, RICHARD**
STREET ADDRESS **400 S LUNA CT APT 4**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VD** ☒ Change ☐ Addition
NAME **HESTER JOAN**
STREET ADDRESS **400 SO. LUNA CT APT 4**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **TDS** ☒ Delete
NAME **LEE, MARIE E**
STREET ADDRESS **400 S. LUNA CT.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **TS** ☒ Change ☐ Addition
NAME **FARKAS FRAN**
STREET ADDRESS **400 SO. LUNA CT APT 1**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **SDT** ☒ Delete
NAME **DIORENZO, BERNADINE**
STREET ADDRESS **4005 UNA CT**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☒ Change ☐ Addition
NAME **DIORENZO BERNADINE**
STREET ADDRESS **400 SO. LUNA CT APT 6**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **P** ☒ Delete
NAME **DIORENZO, STEVEN**
STREET ADDRESS **400 S LUNA CT**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **HESTER RICHARD**
STREET ADDRESS **400 SO LUNA CT APT 4**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Hester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)