

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 713145 (1)
1. Corporation Name
GOLDEN VIEW CONDOMINIUM, INC.,



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|--|---|
| Principal Place of Business 3199 SOUTH OCEAN DRIVE HALLANDALE FL 33009 | Mailing Address 3199 SOUTH OCEAN DRIVE HALLANDALE FL 33009-7229 |
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|--|--|
| 3. Date Incorporated or Qualified 08/02/1967 | 3a. Date of Last Report 04/08/1996 |
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|--|---|------------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 4. FEI Number 59-1229349 | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|--|---|------------------------------------|--|

| | |
|--|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**BRENNAN, PATRICIA
3199 SOUTH OCEAN DRIVE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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: *Patricia Brennan*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BRENNAN, PATRICIA | | 1.2 NAME | |
| STREET ADDRESS 3199 S OCEAN DR 605E | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP HALLANDALE FL 33009 | | 1.4 CITY - ST - ZIP | |
| TITLE VD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SCHIAVONE, GERARD | | 2.2 NAME | |
| STREET ADDRESS 3181 S. OCEAN DR, #502W | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP HALLANDALE FL 33009 | | 2.4 CITY - ST - ZIP | |
| TITLE TSD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PALEIS, WENNETTE | | 3.2 NAME | |
| STREET ADDRESS 3199 SOUTH OCEAN DRIVE #401E | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP HALLANDALE FL 33009 | | 3.4 CITY - ST - ZIP | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BUREAU, RUDY | | 4.2 NAME | |
| STREET ADDRESS 3181 S. OCEAN DR., #508W | | 4.3 STREET ADDRESS | <i>D Wising James 3199 S Ocean Drive 505E Hallandale, FL 33009</i> |
| CITY - ST - ZIP HALLANDALE, FL 00000 | | 4.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ZAGNIT, ALBERT | | 5.2 NAME | |
| STREET ADDRESS 3181 S. OCEAN DR., #108W | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP HALLANDALE FL | | 5.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SOTO, OLGA HY | | 6.2 NAME | |
| STREET ADDRESS 3181 S. OCEAN DR. #202W | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP HALLANDALE FL | | 6.4 CITY - ST - ZIP | |

14. I do 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: *Patricia Brennan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0022546**

CR2E037 (9/96)