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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713145

1. Corporation Name
GOLDEN VIEW CONDOMINIUM, INC.,

Principal Place of Business 3199 SOUTH OCEAN DRIVE HALLANDALE FL 33009	Mailing Address 3199 SOUTH OCEAN DRIVE HALLANDALE FL 33009
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/02/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1229349
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRENNAN, PATRICIA 3199 SOUTH OCEAN DRIVE HALLANDALE FL 33009		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* DATE: 3/15/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BRENNAN, PATRICIA 3199 S OCEAN DR 605E HALLANDALE FL 33009	1.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	WOLF, RICHARD 3199 S OCEAN DR #504E HALLANDALE FL 33009	2.1 TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TSD	PALEIS, JENNETTE 3199 SOUTH OCEAN DRIVE #401E HALLANDALE FL 33009	2.2 NAME Gerald Schirrone	
TITLE D	WIFSING, JAMES 3199 S. OCEAN DRIVE, 505E HALLANDALE, FL 00000	2.3 STREET ADDRESS 3181 So Ocean Dr Hallandale, FL	
TITLE D	ZAGNIT, ALBERT 3181 S. OCEAN DR., #108W HALLANDALE FL	2.4 CITY-ST-ZIP Hallandale, FL	
TITLE D	SOTO, OLGA HY 3181 S. OCEAN DR. #202W HALLANDALE FL	3.1 TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME Ann Ferrentino	
		3.3 STREET ADDRESS 3181 So Ocean Dr #102W Hallandale, FL 33009	
		3.4 CITY-ST-ZIP Hallandale, FL 33009	
		4.1 TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME Fran Barnard	
		4.3 STREET ADDRESS 3199 So. Ocean Dr #408E Hallandale FL 33009	
		4.4 CITY-ST-ZIP Hallandale, FL 33009	
		5.1 TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME Diane Ray	
		5.3 STREET ADDRESS 3181 So. Ocean Dr #206E Hallandale, FL 33009	
		5.4 CITY-ST-ZIP Hallandale, FL 33009	
		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 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, with all other like empowered.

SIGNATURE: *Patricia Brennan* DATE: 3/15/99 DAYTIME PHONE: 954-457-7423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4-1-99)