

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90012 009 \*\*\*\*61.25

**DOCUMENT # 713145**

1. Entity Name

**GOLDEN VIEW CONDOMINIUM, INC.,**

Principal Place of Business

Mailing Address

**3199 SOUTH OCEAN DRIVE  
 HALLANDALE FL 33009**

**3199 SOUTH OCEAN DRIVE  
 HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

**3189 South Ocean Dr**

**3189 So. Ocean Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Hallandale Beach, FL**

**Hallandale Beach, FL**

Zip

Country

Zip

Country

**33009 USA**

**33009 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1229349**

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

**BRENNAN, PATRICIA  
 3199 SOUTH OCEAN DRIVE  
 HALLANDALE FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

*Patricia Brennan President*

**4/02/01**

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BRENNAN, PATRICIA	3199 S OCEAN DR 605E	HALLANDALE FL 33009	<input type="checkbox"/>
VP	DYER, JILL	3199 SO. OCEAN DR 305 E	HALLANDALE FL 33009	<input type="checkbox"/>
TSD	PALEIS, JENNETTE	3199 SOUTH OCEAN DRIVE #401E	HALLANDALE FL 33009	<input type="checkbox"/>
BM	FERRENTINE, ANN	3181 S. OCEAN DR #102 W	HALLANDALE FL 33009	<input type="checkbox"/>
D	BARNARD, FRAN	3199 S. OCEAN DR #408E	HALLANDALE FL 33009	<input type="checkbox"/>
D	SOTO, OLGA HY	3181 S. OCEAN DR. #202W	HALLANDALE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
BM	MORIN JACQUES	3181 So. OCEAN DR 205W	HALLANDALE FL. 33009	<input type="checkbox"/>	<input type="checkbox"/>
BM	PUGLIESE PAT	3199 So. OCEAN DR. 301E	HALLANDALE, FL. 33001	<input type="checkbox"/>	<input type="checkbox"/>
BM	RAY DIANE	3181 So. OCEAN DR. 206W	HALLANDALE, FL. 33009	<input type="checkbox"/>	<input type="checkbox"/>
BM	SCHIAVONE JERRY	3181 So. OCEAN DR. 502W	HALLANDALE, FL. 33009	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Patricia Brennan President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**4/02/01**

Daytime Phone #

CR2E037 (10/00)