


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90102 037 ****61.25

DOCUMENT # 713145 1. Entity Name GOLDEN VIEW CONDOMINIUM, INC.,		
Principal Place of Business 3189 SOUTH OCEAN DRIVE HALLANDALE FL 33009		Mailing Address 3189 SOUTH OCEAN DRIVE HALLANDALE FL 33009
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		4. FEI Number 59-1229349
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent PUGLIESE, PAT 3199 S OCEAN DR 3DIE HALLANDALE FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
State: 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. I am familiar with, and accept the obligations of registered agent.

PAID

SIGNATURE: *Pat Pugliese* CK NO: 10547 DATE: 02-02-07 DATE: 1/29/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, PATRICIA <input type="checkbox"/> Delete 3199 S OCEAN DR 605E HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hellard, J.C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3199 S. Ocean Drive 603E Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASSE, BEVERLY <input type="checkbox"/> Delete 3199 S OCEAN DR 604 E HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Watkins, April <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3199 S. Ocean Drive 202E Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSB PALELIS, JENNETTE <input type="checkbox"/> Delete 3199 SOUTH OCEAN DRIVE #401E HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Blair, Cheri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3181 S. Ocean Drive 104W Hallandale, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIN, JACQUES <input type="checkbox"/> Delete 3181 50 OCEAN DR #205 W HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP PUGLIESE, PATRICIA <input type="checkbox"/> Delete 3199 SO OCEAN DR. #301E HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDASH, DIANE <input type="checkbox"/> Delete 3181 SO OCEAN DR 206 W. HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Pat Pugliese* 1-29-07 954.458.3966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #