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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 714130

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GOL	F CLUB CONDOM	INIUM, INC.					1 118/11 PRIO 118/1 BLACK HARR HA	i) <b>a i</b> (1 <b>a i</b> a i a i a i a i a i a i a i a i a i	B) <b>6</b> (8 ) 1 (8	il Afall Oleki bağı
Principal Place of Business Mailing Address						<del>-</del>				
204 274 CIDELL									a.a., <u>á</u> .a	ii didii bibii fAbi
. O. BOX 548 O. ROY 548							·			
KEY COLONY BEACH FL 33051 KEY COLONY BEACH FL										
							<ol><li>Date Incorporated or Qualified</li></ol>	3a. Date		
2. Principal Place of Business			a. Mailing Address	<del></del>			02/20/1968	0	3/02/	1995
21		26	7				4. FEI Number			Applied For
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.				59-2655336			Not Applicable
22		27	¬ ' ' '				5. Certificate of Status Desired		•	5 Additional
City & Sta	ate		City & State				6. Election Campaign Financing			Required
23		28	1				Trust Fund Contribution			0 May Be
Zip	Coun	try	Zip	Cour	ntry		8. This corporation has liability for	intennible toy		od to Fees
24	25 Name and Add	29		30			Florida Statutes	□ Yes □ N	0	. 199.032,
	9. Name and Addi	ress of Current Reg	istered Agent		T		10. Name and Address of New F	legistered Ag	ent	
DDELVC	TED HAI			ĺ	81	Name				
Brewster, wm. 201 7th Street				<u> </u>	82	Street Addre	Address (P.O. Box Number Is Not Acceptable)			
					_					
UNIT #3 KEY COLONY BEACH FL 33051					83		-			
ILI O	OLONY BEAUTIFL 33	3U3 I		ļ.	84	City			96 7	o Codo
11. Pursuan:	t to the provisions of Sec	tions 617 0502 and 6	17 1500 Florid- Oxy					FL	85 Zi	p Code
or registe	ered agent, or both, in the	e State of Florida. Suc	th change was authorized	tes, the abov zed by the co	/e·na omo	amed corpora eration's board	tion submits this statement for the pur of directors. I hereby accept the appo	pose of chang	ing its i	egistered office
		ations of, Section 617	'.0503, Florida Statutes	s.			or amotions. Thereby accept the appo	ynıment as reç	gistered	agent. I am
SIGNATURE	Signature, typed or printed name	of registered agent and title if	f acclicable	277 0		<u> </u>				
12.		OFFICERS AND DIRE		13.	gent:	signature required		DATE		
TITLE	TD		DELETE	1.1 7/1	E		ADDITIONS/CHANGES TO OFFI			
NAME	BECKER, ALBERT			1.2 NAM				П,	Change	☐ Addition
STREET ADDRESS	7TH. ST. 201 AP1	T.8				DDRESS				
CITY-ST-ZIP	KEY COLONY BC	H, FL 00000		1.4 City						
TITLE	PD		DELETE	21 TITL					hange	T Addition
NAME	BREWSTER, WM.			2.2 NAM	Œ			υ,	папус	■ Addition
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STREET ADDRESS		T 2				~				
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THLE			DELETE	3 4 CITY	· \$T-	DDRESS 2	1dy Colony Bea	A 1h	33 hange	□ Addition
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To differ by deathy that the information supplied with this filling is voluntarily turnshed and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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:

ALBERT E. BECKER OLDER SIGNATURE 2 - 10-96 305.289-00 41

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deta Deptime Proce #