

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90054 046 ****61.25

DOCUMENT # 717012

1. Corporation Name

GOLDEN HOUSE CONDOMINIUM, INC.

Principal Place of Business

**GOLDEN HOUSE CONDO
1340 LINCOLN RD
MIAMI BEACH FL 33139
US**

Mailing Address

**C/O GALIANA MANAGEMENT
250 SW 21 ROAD
MIAMI FL 33129
US**



2. Principal Place of Business

**Golden House Condo
Suite, Apt. #, etc.
1340 Lincoln Road**

2a. Mailing Address

**C/O GALIANA Management
Suite, Apt. #, etc.
250 S.W. 21 Road**

3. Date Incorporated or Qualified

08/18/1969

4. FEI Number
59-1365740

Applied For
Not Applicable

City & State

Miami Beach Florida

City & State

Miami Florida

Zip

33139

Country

USA

Zip

33129

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**GOLDEN HOUSE CONDO ASSOC
1340 LINCOLN ROAD APT 402
#701
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **Pedro Calvo**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, RAMON	
STREET ADDRESS	1340 LINCOLN RD., #701	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALVO, PEDRO	
STREET ADDRESS	1340 LINCOLN RD #501	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ESPINO, MARTA	
STREET ADDRESS	1340 LINCOLN RD #506	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, BEATRICE	
STREET ADDRESS	1340 LINCOLN RD #402	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAY, JOSEPH	
STREET ADDRESS	1340 LINCOLN RD #408	
CITY-ST-ZIP	MAIMI FL 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWISON, RUTH	
STREET ADDRESS	1340 LINCOLN RD #304	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D. Regalado, Clara	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1340 Lincoln Rd. # 607	
1.3 STREET ADDRESS	Miami Bch, FL 33139	
1.4 CITY-ST-ZIP	Miami Bch, FL 33139	
2.1 TITLE	P. Calvo, PEDRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1340 Lincoln Rd. # 501	
2.3 STREET ADDRESS	Miami Bch Florida 33139	
2.4 CITY-ST-ZIP	Miami Bch Florida 33139	
3.1 TITLE	D. Bolet, Dora	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1340 Lincoln Rd. # 705	
3.3 STREET ADDRESS	Miami Bch, FL 33139	
3.4 CITY-ST-ZIP	Miami Bch, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: **Pedro Calvo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)