

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 717073 (1)

1. Corporation Name  
**GOLF'S EDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: BLDG. 2 GOLFS EDGE CENTURY VILLAGE WEST PALM BEACH FL 33417  
Mailing Address: ARISTA MGT GROUP 3600 S CONGRESS AVE BOYNTON BEACH FL 33426 US

3. Date Incorporated or Qualified: 09/03/1969  
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1369347  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ARISTA MANAGEMENT GROUP 3600 S CONGRESS AVE #C BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: PATRICK, MARY	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: GOLFS EDGE 7G	CITY-ST-ZIP: W PALM BCH, FL 00000 33417	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: PD	NAME: SHORE, GEORGE	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: GOLFS EDGE 6D	CITY-ST-ZIP: W PALM BCH, FL 00000 33417	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VP	NAME: PATRICK, STANLEY	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: GOLFS EDGE 7G	CITY-ST-ZIP: W PALM BCH, FL 00000 33417	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: SD	NAME: HERMAN, MILTON	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: GOLFS EDGE 6A	CITY-ST-ZIP: W PALM BCH, FL 00000 33417	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
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TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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.

SIGNATURE: Stanley E. Patrick STANLEY E. PATRICK (407) 6407171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)