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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

BLDG. 2 GOLFS EDGE CENTURY VILLAGE WEST PALM BEACH FL 33417

ARISTA MGT GROUP 3600 S CONGRESS AVE BOYNTON BEACH FL 33426-8411 US

3. Date Incorporated or Qualified 09/03/1969

3a. Date of Last Report 02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 151 NW 18th AVE

4. FEI Number 59-1369347

Applied For Not Applicable

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$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

10. Name and Address of New Registered Agent

ARISTA MANAGEMENT GROUP 3600 S CONGRESS AVE BOYNTON BEACH FL 33426
ARISTA MANAGEMENT GROUP 151 NW 18TH AVE DELRAY BEACH FL 33444

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME TD PATRICK, MARY
STREET ADDRESS GOLFS EDGE 7G
CITY-ST-ZIP W PALM BCH, FL 00000 33417

1.2 NAME TD SILVERMAN, MYRON
1.3 STREET ADDRESS 9 GOLFS EDGE - APT C
1.4 CITY-ST-ZIP W P B, FL 33417-2359

TITLE DELETE

2.1 TITLE Change Addition

NAME PD SHORE, GEORGE
STREET ADDRESS GOLFS EDGE 8D
CITY-ST-ZIP W PALM BCH, FL 00000

2.2 NAME DD SUTKER, LEONARD
2.3 STREET ADDRESS 7 GOLFS EDGE - APT. E
2.4 CITY-ST-ZIP W P B, FL 33417-2357

TITLE DELETE

3.1 TITLE Change Addition

NAME VP PATRICK, STANLEY
STREET ADDRESS GOLFS EDGE 7G
CITY-ST-ZIP W PALM BCH, FL 00000 33417

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME SD HERMAN, MILTON
STREET ADDRESS GOLFS EDGE 6A
CITY-ST-ZIP W PALM BCH, FL 00000 33417

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Stanley E. Patrick STANLEY E. PATRICK 1/20/97 (561) 640-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 640-7171

CR2E037 (9/96)