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FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 717073
1. Corporation Name
Golf's Edge Condominium Association Inc
Principal Place of Business Mailing Address

2. Principal Place of Business
21 Golf's Edge Century City
22 Bldg #2
23 WPB, Florida
24 33417
25 USA

2a. Mailing Address
26 P.B. Maint. + Mgmt.
27 3606 Woods Walk Blvd
28 Lake Worth, FL
29 33467
30 USA

3. Date Incorporated or Qualified: 09/03/1969
4. FEL Number: 59-1369347
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Palm Beach Maint. + Mgmt, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 3606 Woods Walk Blvd
83
84 City: Lake Worth FL 85 Zip Code: 33467

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: DONELL PRUITT U.P. DATE: 5-4-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	Sutker, Leonard	12 NAME	
STREET ADDRESS	Golf's Edge, 7-E	13 STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33417	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	
NAME	Silverman, Myron	22 NAME	
STREET ADDRESS	Golf's Edge, 9-C	23 STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33417	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	
NAME	Herman, Milton	32 NAME	
STREET ADDRESS	Golf's Edge, 6-A	33 STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33417	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	
NAME	Patrick, Stanley	42 NAME	
STREET ADDRESS	Golf's Edge, 7-G1	43 STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33417	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	200002535132
CITY-ST-ZIP		64 CITY-ST-ZIP	-05/26/98--01046--011

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.

SIGNATURE: Myron Silverman Treas. Myron Silverman 5/4/98 561-432-3076

CR2E037 (10/97)