FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 717073 1. Corporation Name

GOLF'S EDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business GOLFEDGE - CENTURY VILLAGE BLDG. #2

Mailing Address

PALM BEACH MAINT, & MGMT., INC. 3606 WOODS WALK BLVD. LAKE WORTH FL 33467

FILED Mar 09, 1999 8:00 am § Secretary of State

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US		US					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 09/03/1969	. '		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Арг	lied For
27					59-1369347	Not	Applicable
City & State City & State				E io iii i Chaba Desired .		\$8.75 A	dditional
23		28			5. Certifcate of Status Desired	Fee Rec	quired
Zip	Country Zip				6. Election Campaign Financing	\$5.00 ١	May Be
24		25 29 30		Trust Fund Contribution Added to Fees			
471	9. Name and Address of Current				10. Name and Address of New Register	ed Agent	
			81	Name			
DAL 14 DE	CACAL MARKET OF TAXABLE INC.						
PALM BEACH MAINT. & MGMT., INC.			82 Street Address (P.O. Box Number is Not Acceptable)				
3606 WOODS WALK BLVD.			83				
LAKE WO	DRTH FL 33467		"				
			84	City		85 Zip C	ode
				<u> </u>	•		
office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was auth	ionzed by	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Ager	nt signature req	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		RS IN 12
TITLE	V D	☐ DELETE	1.1 TITLE		PD	Change	Addition
NAME	PATRIOK, STANCEY		1.2 NAME	11	mary Potrick		
STREET ADDRESS	00150 504550		13 STREE		7 Golfs Edge		Į
	W-PALM BCH. PL 33417				WPB F1 33417		1
CITY-ST-ZIP TITLE	AD	☐ DELETE	2.1 TITLE		/D	☐ Change	Addition
* *		-	2.2 NAME	'	Reuben Nartenstein	•	
NAME	SUTKER, LEONARD		1		3 Coifs Edge B	, 4+ · · · .	
STREET ADDRESS	, 332 3 23 44, 7 2						
CITY-ST-ZIP	WEST PALM BEACH FL 33417					Change	Addition
TITLE	SD	☐ DELETE	3.1 TITLE		Rhea Cohen		
NAME	HERMAN, MILTON	•	3.2 NAME	- 1	_		
STREET ADDRES	1		3.3 STREE		16 Golfs Edge D		
CITY-ST-ZIP	W PALM BCH, FL 90000 334		3.4. CITY-5	T-ZIP	WPB FI 33410= ==	<u> </u>	Addition
TITLE	₹TD	☐ DELETE	4.1 TITLE	I) 	Change	Addition
NAME	SILVERMAN, MYRON	I	4.2 NAME		Herb Weintraub		
STREET ADDRES		<u> </u>	4.3 STREE	TADORESS 2	03 Golfs Edge C		
C/TY+ST-ZIP	WEST PALM BEACH FL 334/		4.4 CITY-S	T-ZIP	WPB FI. 33417 - 1000	1	
TITLE		☐ DELETE	5.1 TITLE			: Change	☐ Addition
NAME			5.2 NAME		Harry Dubin		·
STREET ADDRES	s	ļ	5.3 STREE	TADORESS 6	24 Golfs Edge		
CITY-ST-ZIP			5.4 CITY S	1-	WOB FI 33417		
TITLE		☐ DELETE	6.1 TITLE	ī		☐ Change	☐ Addition
NAME			6.2 NAME	17	Vathan Buntiz	-	
STREET ADDRES	2)	6.3 STREE		17 Golfs Edge		
CITY OF 710	-		6.4 CITY-S		DOA 61 33417		

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: