

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90013 007 ****61.25

DOCUMENT # 717073

1. Entity Name

GOLF'S EDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

GOLFEDGE - CENTURY VILLAGE
 BLDG. #2
 WEST PALM BEACH FLA 33417
 US

PALM BEACH MAINT. & MGMT., INC.
 2575 HOMEWOOD RD.
 WEST PALM BEACH FL 33406
 US

9000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number **59-1369347-**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALM BEACH MAINT. & MGMT., INC.
 2575 HOMEWOOD RD.
 WEST PALM BEACH FL 33406

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ -FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	PATRICK, MARY	
STREET ADDRESS	7 GOLFS EDGE G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBIN, HARRY	
STREET ADDRESS	24 GOLFS EDGE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERMAN, MILTON	
STREET ADDRESS	GOLFS EDGE 6A	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVERMAN, MYRON	
STREET ADDRESS	9 GOLFS EDGE C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHECTER, CHARLES	
STREET ADDRESS	23 GOLFS EDGE C	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY PATRICK	
STREET ADDRESS	7 GOLFS EDGE G	
CITY-ST-ZIP	W PB FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRON SILVERMAN	
STREET ADDRESS	9 GOLFS EDGE C	
CITY-ST-ZIP	W PB FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHEA CONN	
STREET ADDRESS	16 GOLFS EDGE D	
CITY-ST-ZIP	W PB FL 33417	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myron Silverman

3-14-06