

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

FILED
Mar 14, 1996 08:00 AM
Secretary of State

DOCUMENT # 718052 (4)
1. Corporation Name
GOLDEN SURF TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
BOX A 137 GOLDEN ISLES DRIVE HALLANDALE FL 33009		BOX A 137 GOLDEN ISLES DRIVE HALLANDALE FL 33009		02/11/1970	05/16/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-1396354	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23	28				
Zip	Country	29	30		
24	25				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
IRVING, JONAS 137 GOLDEN ISLES DR HALLANDALE FL 33009				81 Name	Same		
				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: *Irving Jonas* **Irving Jonas** **2/29/96**
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IRVING, JONAS		1.2 NAME	Irving Jonas			
STREET ADDRESS	137 GOLDEN ISLES DR		1.3 STREET ADDRESS	137 Golden Isles Dr.			
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	Hallandale, FL 33009			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DTreasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SEIGEL, MARVIN		2.2 NAME	Daniel Burke			
STREET ADDRESS	137 GOLDEN ISLES DR		2.3 STREET ADDRESS	137 Golden Isles Dr			
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	Hallandale, FL 33009			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ALPERS, STUART		3.2 NAME	Bernard Chambers			
STREET ADDRESS	137 GOLDEN ISLES DR		3.3 STREET ADDRESS	137 Golden Isles Dr.			
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	Hallandale, FL 33009			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	600001743608	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME	-03/14/96--01100--001			
STREET ADDRESS			5.3 STREET ADDRESS	***61.25			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 in person; 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: *Irving Jonas* **Irving Jonas** **2/29/96** **(954) 454-6599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)