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Apr 15 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 # 718052 (4)
1. Corporation Name
GOLDEN SURF TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
BOX A 137 GOLDEN ISLES DRIVE HALLANDALE FL 33009
BOX A 137 GOLDEN ISLES DRIVE HALLANDALE FL 33009-5886

3. Date Incorporated or Qualified 02/11/1970 3a. Date of Last Report 03/14/1996
4. FEI Number 59-1396354 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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 617.0402 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 *Jonas Irving*
Signature (typed or printed name of registered agent and office applicable)

Irving Jonas 4/9/97
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONAS, IRVING	
STREET ADDRESS	137 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURKE, DANIEL	
STREET ADDRESS	137 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, BERNARD	
STREET ADDRESS	137 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Irving Jonas	
1.3 STREET ADDRESS	137 Golden Isles Dr.	
1.4 CITY-ST-ZIP	Hallandale, FL 33009	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daniel Burke	
2.3 STREET ADDRESS	137 Golden Isles Dr.	
2.4 CITY-ST-ZIP	Hallandale, FL 33009	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marvin Dorn	
3.3 STREET ADDRESS	137 Golden Isles Dr.	
3.4 CITY-ST-ZIP	Hallandale, FL 33009	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Jonas Irving*

4/9/97 650/454-1599

CR2E037 (9/96)