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**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718052 (4)

1. Corporation Name
GOLDEN SURF TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business BOX A 137 GOLDEN ISLES DRIVE HALLANDALE FL 33009	Mailing Address BOX A 137 GOLDEN ISLES DRIVE HALLANDALE FL 33009
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3. Date Incorporated or Qualified 02/11/1970	Applied For Not Applicable
4. FEI Number 59-1396354	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**IRVING, JONAS
137 GOLDEN ISLES DR
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE VP PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME STUART AIPERS	
2.3 STREET ADDRESS 137 Golden Isles Drive	
2.4 CITY-ST-ZIP HALLANDALE, FL 33009	
3.1 TITLE TD - TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ruth Siegel	
3.3 STREET ADDRESS 137 Golden ISLES DRIVE	
3.4 CITY-ST-ZIP HALLANDALE	
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	

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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: *Stuart Aipers VP*

CR2E037 (10/97)