

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90006 021 ****61.25

DOCUMENT # 718052

1. Entity 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 FLA 33009-5886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1396354

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

LAWRENCE, HERBERT
137 GOLDEN ISLES DR
HALLANDALE FL 33009

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWRENCE, HERBERT	
STREET ADDRESS	137 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALPERS, STUART	
STREET ADDRESS	137 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, PAUL	
STREET ADDRESS	137 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DORN, MARVIN	
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		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAFILOVICH, ZVI	
STREET ADDRESS	137 Golden Isles Dr. Apt 607	
CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, Paul	
STREET ADDRESS	137 Golden Isles Dr.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRASINOWER, SALOMON	
STREET ADDRESS	137 Golden Isles Dr.	
CITY-ST-ZIP	HALLANDALE, FL. 3009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, DANIEL	
STREET ADDRESS	137 Golden Isles Dr.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, RUTH	
STREET ADDRESS	137 Golden Isles Dr.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABRIS, SELMA	
STREET ADDRESS	137 Golden Isles Dr.	
CITY-ST-ZIP	HALLANDALE, FL. 33009	

12. 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
 Date

(954) 454-6599
 Daytime Phone #

CR2E037 (9/99)