

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90206 039 ****61.25

DOCUMENT # 718052

1. Entity 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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1396354** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAWRENCE, HERBERT
 137 GOLDEN ISLES DR
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **FRANK DELGADO**

Street Address (P.O. Box Number is Not Acceptable)
137 Golden Isles Dr. Apt 1001

City **Hallandale** FL Zip Code **33009**

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]* **PRESIDENT** DATE **1/24/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input checked="" 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	D	<input checked="" type="checkbox"/> Delete
NAME	PRADO, MARISELA	
STREET ADDRESS	137 GOLDEN ISLES DR APT 610	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DORN, MARVIN	
STREET ADDRESS	137 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAFILOVICH, ZVI	
STREET ADDRESS	137 GOLDEN ISLES DR APT 607	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRASINOWER, SALOMON	
STREET ADDRESS	137 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, FRANK	
STREET ADDRESS	137 GOLDEN ISLES DR. Apt. 1001	
CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APKINS, APRIL	
STREET ADDRESS	137 Golden Isles Dr. Apt. 1112	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, PAUL	
STREET ADDRESS	137 Golden Isles Dr. Apt. 1003	
CITY-ST-ZIP	HALLANDALE, FL. 33	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICK NELSON	
STREET ADDRESS	137 Golden Isles Dr. Apt 1401	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORN, MARVIN	
STREET ADDRESS	137 GOLDEN ISLES DR. Apt. 603	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, John	
STREET ADDRESS	137 Golden Isles Dr. Apt. 1201	
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 or without other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE **1/24/2002** DAYTIME PHONE # **(954) 454-6599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)