

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90044 002 \*\*\*\*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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

**59-1396354**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNSTEIN, PHIL  
137 GOLDEN ISLES DR  
APT 1607  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **APRIL ATKINS**  
Street Address (P.O. Box Number is Not Acceptable) **137 GOLDEN ISLES DRIVE  
UNIT # 1112**  
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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *April J. Atkins*

2/26/04

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  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	DELGADO, FRANK	
CITY-ST-ZIP	137 GOLDEN ISLES DR APT 1001 HALLANDALE FL 33009	
TITLE NAME	ATKINS, APRIL	<input type="checkbox"/> Delete
STREET ADDRESS	PRESIDENT 137 GOLDEN ISLES DR APT 1112	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE NAME	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BURNSTEIN, PHIL	
CITY-ST-ZIP	137 GOLDEN ISLES DR APT 1607 HALLANDALE FL 33009	
TITLE NAME	VP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	CAPPOLINO, ANTHONY	
CITY-ST-ZIP	137 GOLDEN ISLES DR APT 611 HALLANDALE FL 33009	
TITLE NAME	TABRIS, SELMA	<input type="checkbox"/> Delete
STREET ADDRESS	DIRECTOR 137 GOLDEN ISLES DR APT 1102	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	NAFTALIE, FRED	
CITY-ST-ZIP	137 GOLDEN ISLE DR APT 802 HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	BRIMAT, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	137 Golden Isles DR APT 609	
CITY-ST-ZIP	HALLANDALE, FL 33009	Vice President
TITLE NAME	HARTLEY, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	137 GOLDEN ISLES DR APT 1201	
CITY-ST-ZIP	HALLANDALE, FL 33009	Vice President
TITLE NAME	ANDREW, MARIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	137 GOLDEN ISLES DR APT 609	
CITY-ST-ZIP	HALLANDALE, FL 33009	Secretary
TITLE NAME	MORALES, MARCELLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	137 Golden Isles DR APT 801	
CITY-ST-ZIP	HALLANDALE, FL 33009	Treasurer
TITLE NAME	AVELLAN, RAUL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	137 GOLDEN ISLES DR APT 303	
CITY-ST-ZIP	HALLANDALE, FL 33009	DIRECTOR
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *April J. Atkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04

Date

Daytime Phone #