


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL -2 AM 8:29

<b>DOCUMENT # 718052</b> 1. Entity Name GOLDEN SURF TOWERS CONDOMINIUM ASSOCIATION, INC.	
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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 - No P.O. Box # 137 Golden Isles Dr. Suite, Apt. #, etc. ATTN: OFFICE City & State HALLANDALE, FL Zip 33009 Country USA	3. Mailing Address 137 Golden Isles Dr. Suite, Apt. #, etc. ATTN: OFFICE City & State HALLANDALE, FL Zip 33009 Country USA
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REINSTATEMENT 06-07

4. FEI Number 59-1396354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATKINS, APRIL 137 GOLDEN ISLES DR. UNIT #1112 HALLANDALE, FL 33009	7. Name and Address of New Registered Agent Name MARTA PECHOVA Street Address (P.O. Box Number is Not Acceptable) 137 GOLDEN ISLES DRIVE UNIT # 906 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 *Marta Pechova* **MARTA PECHOVA** DATE **6/27/07**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELMER, DAVID		NAME	MARTA PECHOVA	
STREET ADDRESS	137 GOLDEN ISLES DR, APT 309		STREET ADDRESS	137 GOLDEN ISLES DR, apt. 906	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, APRIL		NAME	PHIL BURNSTEIN	
STREET ADDRESS	137 GOLDEN ISLES DR APT 1112		STREET ADDRESS	137 Golden Isles Dr, apt. 1607	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, JOHN		NAME	JESUS MACHADO	
STREET ADDRESS	137 GOLDEN ISLES DR., APT. 1201		STREET ADDRESS	137 Golden Isles Dr. apt 1601	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGEL, RUTH		NAME	RON HOLTMAN	
STREET ADDRESS	137 GOLDEN ISLES, APT 1106		STREET ADDRESS	137 Golden Isles Dr. apt 1207	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOITLIEB, MARILYN		NAME	FRANCISCO HERNANDEZ	
STREET ADDRESS	137 GOLDEN ISLES, APT 1401		STREET ADDRESS	137 Golden Isles Dr. apt 1012	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	DIRECTOR	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA ANDREU		NAME	HILDA KILIJIAN	
STREET ADDRESS	137 Golden Isles Dr. apt 701		STREET ADDRESS	137 Golden Isles Dr. apt 307	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Marta Pechova* **MARTA PECHOVA** DATE **6/26/07** 954-454-6599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #