
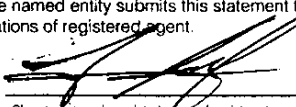
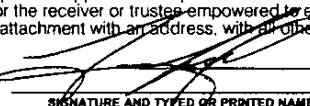


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 015 ****61.25

DOCUMENT # 718052 1. Entity Name GOLDEN SURF TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 137 GOLDEN ISLES DRIVE OFFICE HALLANDALE, FL 33009		Mailing Address 137 GOLDEN ISLES DRIVE OFFICE HALLANDALE, FL 33009			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1396354	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For Not Applicable		01082008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent PECHOVA, MARTA 137 GOLDEN ISLES DRIVE, UNIT 906 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name FRANCISCO HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 137 Golden Isles Drive #1012 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/9/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TREASURER	<input type="checkbox"/> Delete		TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME PECHOVA, MARTA	STREET ADDRESS 137 GOLDEN ISLES DRIVE, APT 906		NAME ANDREY, MARIA	STREET ADDRESS 137 Golden Isles DR, apt 701	
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP HALLANDALE, FL 33009		
TITLE DIRECTOR	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BURNSTEIN, PHIL	STREET ADDRESS 137 GOLDEN ISLES DRIVE, APT 1607		NAME 	STREET ADDRESS 	
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE VP	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MACHADO, JESUS	STREET ADDRESS 137 GOLDEN ISLES DRIVE, APT 1601		NAME 	STREET ADDRESS 	
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE DIRECTOR	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOLTMAN, RON	STREET ADDRESS 137 GOLDEN ISLES DRIVE, APT 1207		NAME 	STREET ADDRESS 	
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE PRESIDENT	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HERNANDEZ, FRANCISCO	STREET ADDRESS 137 GOLDEN ISLES DRIVE, APT 1012		NAME 	STREET ADDRESS 	
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
TITLE D	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KILJIAN, HILD	STREET ADDRESS 137 GOLDEN ISLES DRIVE, APT 307		NAME 	STREET ADDRESS 	
CITY-ST-ZIP HALLANDALE, FL 33009			CITY-ST-ZIP 		
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1/9/08 954-454-6599 <small>Date Daytime Phone #</small>	