


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90114 035 ****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 **BOX A 137 GOLDEN ISLES DRIVE**
HALLANDALE FL 33009 **HALLANDALE FL 33009**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

DELGADO, FRANK
137 GOLDEN ISLES DR
APT 1001
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **PHIL BURNSTEIN**

Street Address (P.O. Box Number is Not Acceptable)
137 GOLDEN ISLES DR, APT 1607

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 *Philip Burnstein* DATE **2/11/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP DIRECTOR <input type="checkbox"/> Delete	NAME DELGADO, FRANK	TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PHIL BURNSTEIN
STREET ADDRESS 137 GOLDEN ISLES DR APT 1001	CITY-ST-ZIP HALLANDALE FL 33009	STREET ADDRESS 137 GOLDEN ISLES DR APT 1607	CITY-ST-ZIP HALLANDALE FL 33009
TITLE SD <input type="checkbox"/> Delete	NAME ATKINS, APRIL	TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ANTHONY CAPPOLINO
STREET ADDRESS 137 GOLDEN ISLES DR APT 1112	CITY-ST-ZIP HALLANDALE FL 33009	STREET ADDRESS 137 GOLDEN ISLES DR APT 611	CITY-ST-ZIP HALLANDALE FL 33009
TITLE TD <input checked="" type="checkbox"/> Delete	NAME PEREZ, PAUL	TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME SELMA TABAKS
STREET ADDRESS 137 GOLDEN ISLES DR APT 1003	CITY-ST-ZIP HALLANDALE FL 33009	STREET ADDRESS 137 GOLDEN ISLES DR APT 1102	CITY-ST-ZIP HALLANDALE FL 33009
TITLE D <input checked="" type="checkbox"/> Delete	NAME NELSON, RICK	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME FRED NAFTALIE
STREET ADDRESS 137 GOLDEN ISLES DR APT 1401	CITY-ST-ZIP HALLANDALE FL 33009	STREET ADDRESS 137 GOLDEN ISLES DR APT 802	CITY-ST-ZIP HALLANDALE FL 33009
TITLE D <input checked="" type="checkbox"/> Delete	NAME DORN, MARVIN	TITLE	NAME
STREET ADDRESS 137 GOLDEN ISLES DR APT 603	CITY-ST-ZIP HALLANDALE FL 33009	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> Delete	NAME HARTLEY, JOHN	TITLE	NAME
STREET ADDRESS 137 GOLDEN ISLES DR APT 1201	CITY-ST-ZIP HALLANDALE FL 33009	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: *Philip Burnstein* DATE **2/11/03** **9544546599**

CR2E037 (10/02)