FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719724** **(7)**

1. Corporation Name
GOLF MANOR CONDOMINIUM "A", INC.

Principal Place of Business	Mailing Address
14901 SW 4TH STREET PEMBROKE PINES FL 33027	14901 SW 4TH STREET PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1970
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1351387 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ISAAC, JOHN
14901 SW 4TH ST #2
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name: JUNE EDEN
82 Street Address (P.O. Box Number is Not Acceptable): 14901 SW 4ST A9
83:
84 City: Pembroke Pines **FL** 85 Zip Code: 33027

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JUNE EDEN PRES. June Eden
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	ISAAC, JOHN	12 NAME	JUNE EDEN	
STREET ADDRESS	14901 SW 4TH ST #2	13 STREET ADDRESS	14901 SW 4 ST A9	
CITY-ST-ZIP	PEMBROKE PINES, FL 0	14 CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	SALOMON, JOHN	22 NAME	ARmando ANGULO	
STREET ADDRESS	14901 SW 4TH ST #8	23 STREET ADDRESS	14901 SW 4ST 15A	
CITY-ST-ZIP	PEMBROKE PINES, FL 0	24 CITY-ST-ZIP	Pembroke pines FL 33027	
TITLE	STD	31 TITLE	STD	☑ Change ☐ Addition
NAME	CARVER, DOROTHY	32 NAME	John HEARING JR.	
STREET ADDRESS	14901 SW 4TH ST #5	33 STREET ADDRESS	14901 SW 4ST A4	
CITY-ST-ZIP	PEMBROKE PINES, FL 0	34 CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE		41 TITLE	D	☑ Change ☐ Addition
NAME		42 NAME	John Salomon	
STREET ADDRESS		43 STREET ADDRESS	14901 SW 4ST A8	
CITY-ST-ZIP		44 CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE		51 TITLE	D	☐ Change ☑ Addition
NAME		52 NAME	Katherine Remingay	
STREET ADDRESS		53 STREET ADDRESS	14901 SW 4ST A1	
CITY-ST-ZIP		54 CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: June Eden JUNE EDEN PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008447