

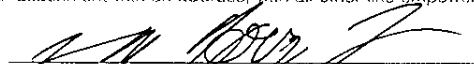
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90009 036 ****61.25

DOCUMENT # 719724 1. Entity Name GOLF MANOR CONDOMINIUM "A", INC.					
Principal Place of Business 14901 SW 4TH STREET APT 4 PEMBROKE PINES FL 33027			Mailing Address 6001 SW 188 AVE. SOUTHWEST RANCHES FL 33332		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1351387	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRING, JOHN JR 14901 SW 4TH ST. APT 4 PEMBROKE PINES FL 33027				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature and word "agent" required.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	TS HERRING, JOHN JR 6001 SW 188 AVE FORT LAUDERDALE FL 33332	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ANGULO A 14901 SW 4 ST #A 15 PEMBROKE PINES FL 33027	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZOBIEDA, HICKEY 14901 SW 4TH ST A-9 PEMBROKE PINES FL 33027	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATMAN, B. ROCKY F 14901 SW 4 ST. A11 PEMBROKE PINES FL 33027	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODREGUEZ, FELIPE 14901 SW 4 ST #A12 PEMBROKE PINES FL 33027	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEETER Monq 14901 SW 4 ST A#5 PEMBROKE PINES FL 33027	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Saumett CARLOS 14901 SW 4ST A#2 PEMBROKE PINES FL 33027	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Change ☐ Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **John Herring** **4-21-08** **954-559-0700**