

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724540** (0)

1. Corporation Name

GOLDEN HORN SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ASSOCIATION, INC.
427 GOLDEN ISLE DRIVE
HALLANDALE FL 33009

ASSOCIATION, INC.
427 GOLDEN ISLE DRIVE
HALLANDALE FL 33009

3. Date Incorporated or Qualified
10/13/1972

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1493434

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOKMAN, RAYMOND A CPA
17 NW 168TH ST
SUITE 701
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Milton Feldman Pres.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FELDMAN, MILTON	
STREET ADDRESS	427 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PODLISH, JULIETTE	
STREET ADDRESS	427 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 0	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOLLISCH, ROBERT	
STREET ADDRESS	427 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DINOFF, ESTHER	
STREET ADDRESS	427 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRICKELL, LOU	
STREET ADDRESS	427 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAD, ELLA	
STREET ADDRESS	427 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE VALDES
1.3 STREET ADDRESS	427 GOLDEN ISLES DR.
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LARRY SUKERT
2.3 STREET ADDRESS	427 GOLDEN ISLES DR.
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

Milton Feldman Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)