

**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  
ASSOCIATION, INC.  
427 GOLDEN ISLE DRIVE  
HALLANDALE FL 33009

Mailing Address  
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  
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

4. FEI Number 59-1493434  
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

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  
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.* MILTON FELDMAN PRES. 4/8/96 VAD  
Signature, typed or printed name of registered agent is id title if applicable. (NOTE: Registered Agent signature required when transferring)

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.* MILTON FELDMAN 4/8/96-458-3130  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)