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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33009-7583
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3. Date Incorporated or Qualified 10/13/1972	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-1493434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BOOKMAN, RAYMOND A CPA
 17 NW 168TH ST
 SUITE 701
 MIAMI FL 33169**

10. Name and Address of New Registered Agent

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 _____
 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 checked="" 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	D	<input checked="" type="checkbox"/> DELETE
NAME	VALDES, JOSE	
STREET ADDRESS	427 GOLDEN ISLES DR	
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 checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SUKERT, LARRY	
1.3 STREET ADDRESS	427 GOLDEN ISLES DRIVE, APT 6-G	
1.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GINSBERG, NORMA	
3.3 STREET ADDRESS	427 GOLDEN ISLES DRIVE, APT 7-D	
3.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DINOFF, ESTHER	
4.3 STREET ADDRESS	427 GOLDEN ISLES DRIVE, APT 6-F	
4.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FELDMAN, MILTON	
6.3 STREET ADDRESS	427 GOLDEN ISLES DRIVE, APT 14-G	
6.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009	

14. I do 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 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: *[Signature]* **REQUIRED** *March 20, 1997* *(52)* *458-3130*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022706

CR2E037 (9/96)