

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>ASSOCIATION, INC. 427 GOLDEN ISLE DRIVE HALLANDALE FL 33009</b>	Mailing Address <b>ASSOCIATION, INC. 427 GOLDEN ISLE DRIVE HALLANDALE FL 33009</b>
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3. Date Incorporated or Qualified <b>10/13/1972</b>	
4. FEI Number <b>59-1493434</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**UDELL, MICHAEL B  
5745 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33328**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SUKERT, LARRY</b>
STREET ADDRESS	<b>427 GOLDEN ISLES DR., APT. 6-G</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 0</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>PODLISH, JULIETTE</b>
STREET ADDRESS	<b>427 GOLDEN ISLES DRIVE</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 0</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>GINSBERG, NORMA</b>
STREET ADDRESS	<b>427 GOLDEN ISLES DR., APT. 7-D</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DINOFF, ESTHER</b>
STREET ADDRESS	<b>427 GOLDEN ISLES DR., APT. 6-F</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 0</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRICKELL, LOU</b>
STREET ADDRESS	<b>427 GOLDEN ISLES DRIVE</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FELDMAN, MILTON</b>
STREET ADDRESS	<b>427 GOLDEN ISLES DR., APT. 14-G</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SAD, ELLA</b>
6.3 STREET ADDRESS	<b>427 GOLDEN ISLES DR</b>
6.4 CITY-ST-ZIP	<b>HALLANDALE, FL</b>

14. I 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: *Larry Sukert, President* JANUARY 29<sup>th</sup> 1998 954-USE-3120

CR2E037 (10/97)