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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724540

1. Corporation Name
GOLDEN HORN SOUTH CONDOMINIUM ASSOCIATION, INC.

407281 - 90258 - 42

Principal Place of Business: 427 GOLDEN ISLE DRIVE HALLANDALE FL 33009
 Mailing Address: 427 GOLDEN ISLE DRIVE HALLANDALE FL 33009



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/13/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1493434	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PERLOW, JEFFREY M ESQ. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUKERT, LARRY	1.2 NAME	FELDMAN, MILTON
STREET ADDRESS	427 GOLDEN ISLES DR., APT. 6-G	1.3 STREET ADDRESS	427 GOLDEN ISLES DR, APT 14-J
CITY-ST-ZIP	HALLANDALE, FL 0	1.4 CITY-ST-ZIP	HALLENDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODLISH, JULIETTE	2.2 NAME	BRICKELL, LOUIS
STREET ADDRESS	427 GOLDEN ISLES DRIVE	2.3 STREET ADDRESS	427 GOLDEN ISLES DR, APT 11-G
CITY-ST-ZIP	HALLANDALE, FL 0	2.4 CITY-ST-ZIP	HALLENDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, NORMA	3.2 NAME	DINOFF, ESTHER
STREET ADDRESS	427 GOLDEN ISLES DR., APT. 7-D	3.3 STREET ADDRESS	427 GOLDEN ISLES DR, APT. 6-F
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLENDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINOFF, ESTHER	4.2 NAME	BUFFINGTON, KEVIN
STREET ADDRESS	427 GOLDEN ISLES DR., APT. 6-F	4.3 STREET ADDRESS	427 GOLDEN ISLES DR, APT. 14-B
CITY-ST-ZIP	HALLANDALE, FL 0	4.4 CITY-ST-ZIP	HALLENDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKELL, LOU	5.2 NAME	POLLACK, TERRY
STREET ADDRESS	427 GOLDEN ISLES DRIVE	5.3 STREET ADDRESS	427 GOLDEN ISLES DR, APT. 9G
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	HALLENDALE, FL 33009
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAD, ELLA	6.2 NAME	PODLISH, JULIETTE
STREET ADDRESS	127 GOLDEN ISLES DR	6.3 STREET ADDRESS	427 GOLDEN ISLES DR, APT. 5 I
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	HALLENDALE, FL 33009

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, with all other like empowered.

SIGNATURE: *Milton Feldman* 4/20/99 Date: 954-458-3130 Daytime Phone #

CR2E037-11198