

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90258 042 ****61.25

0022601

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/13/1972	Applied For
22	City & State	27	City & State	4.	FEI Number	Not Applicable
	Zip	28	Country		59-1493434	
23	Country	29	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
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	V	2.1 TITLE	V
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	T	3.1 TITLE	T
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	D	4.1 TITLE	D
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	D	5.1 TITLE	D
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	S	6.1 TITLE	S
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* 4/20/99 954-458-3130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11198