

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724540

1. Entity Name

GOLDEN HORN SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90031 049 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1493434

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M ESQ.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Name

ERIC GLAZER

Street Address (P.O. Box Number is Not Acceptable)

1920 EAST HALLANDALE BEACH BLVD

SUITE 806

City

HALLANDALE BEACH

FL

Zip Code

33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE ERIC GLAZER, ESQ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, MILTON	
STREET ADDRESS	427 GOLDEN ISLES DR APT 14-J	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRICKELL, LOUIS	
STREET ADDRESS	427 GOLDEN ISLES DR APT 11-G	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DINOFF, ESTHER	
STREET ADDRESS	427 GOLDEN ISLES DR APT 6-F	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUFFINGTON, ESTHER	
STREET ADDRESS	427 GOLDEN ISLES DR APT 14-B	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLLACK, TERRY	
STREET ADDRESS	427 GOLDEN ISLES DR APT 9G	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PODLISH, JULIETTE	
STREET ADDRESS	427 GOLDEN ISLES DR APT 5I	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE M. SUKERT	
STREET ADDRESS	427 GOLDEN ISLES DR. APT 6G	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY CRISTEA	
STREET ADDRESS	427 GOLDEN ISLES DR. APT. 10C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTRUDE GREENFELD	
STREET ADDRESS	427 GOLDEN ISLES DR. APT. 6E	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS BRICKELL	
STREET ADDRESS	427 GOLDEN ISLES DR. APT. 11G	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN BUFFINGTON	
STREET ADDRESS	427 GOLDEN ISLES DR. APT. 14B	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLA VAD	
STREET ADDRESS	427 GOLDEN ISLES DR. APT 6C	
CITY-ST-ZIP	HALLANDALE FL 33009	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE M. SUKERT x 4-25-01 x 954-458-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)