


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 724540  
 1. Entity Name  
 GOLDEN HORN SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 427 GOLDEN ISLE DRIVE  
 HALLANDALE, FL 33009

Mailing Address  
 427 GOLDEN ISLE DRIVE  
 HALLANDALE, FL 33009

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1493434

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASON, STEVEN  
 3363 SHERIDAN ST STE 201  
 HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, MILTON 427 GOLDEN ISLES DR #143 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GINSBERG, NORMA 427 GOLDEN ISLES DR 70 HALLENDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, GERTRUDE 427 GOLDEN ISLES DR 6A HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, BLANCHE 427 GOLDEN ISLES DR 8J HALLENDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORK, KARL 427 GOLDEN ISLES DR 150 HALLENDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000187020  
 01/21/05-80084-001 61.25

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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: *Gertrude Greenfield, Trustee* x 1/18/05 x 954-458-3130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #