


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

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

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 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, Treas. Secy* x 1/18/05 x 954-458-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #