

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 13 1996 8:00 am  
Secretary of State

DOCUMENT # 729112 (3)  
1. Corporation Name  
GOLF MANOR CONDOMINIUM BUILDING "B", INC.



Principal Place of Business Mailing Address  
ONE GOLF MANOR 403 S.W. 148TH AVENUE PEMBROKE PINES FL 33027-1307  
ONE GOLF MANOR 403 S.W. 148TH AVENUE PEMBROKE PINES FL 33027-1307

3. Date Incorporated or Qualified 03/20/1974  
3a. Date of Last Report 05/01/1995  
4. FEI Number NOT APPLICABLE Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Golf MANOR Condo Assoc 26 Golf MANOR Condo Assoc  
22 #14 27 #14  
23 403 S.W. 148 Ave 28 403 S.W. 148 Ave  
24 PEMBROKE PINES FL 33027-1307 29 PEMBROKE PINES FL 33027-1307

9. Name and Address of Current Registered Agent  
NUNNO, ROBERT -- same  
409 W HALLANDALE HALLANDALE FL 33027  
New address →  
=moved =

10. Name and Address of New Registered Agent  
81 Name Robert NUNNO  
82 Street Address (P.O. Box Number is Not Acceptable) 5701 Hollywood Blvd Suite B  
83 Hollywood  
84 City  
85 Zip Code FL 33021

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 officer 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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, JILL M.	
STREET ADDRESS	403 S.W. 148TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LYSAGHT, KEVIN	
STREET ADDRESS	403 S.W. 148TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, NORA	
STREET ADDRESS	403 S.W. 148TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NUNNO, ROBERT	
STREET ADDRESS	409 W. HALLANDALE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT-DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY ANNE AGNEW	
1.3 STREET ADDRESS	#13 - 403 S.W. 148 AVE	
1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT NUNNO	
4.3 STREET ADDRESS	5701 Hollywood Blvd, Suite B	
4.4 CITY-ST-ZIP	Hollywood FL 33021	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JUDITH NUNNO	
5.3 STREET ADDRESS	5701 Hollywood Blvd, Suite B	
5.4 CITY-ST-ZIP	Hollywood FL 33021	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Nora J. Clark 3/6/96 954-431-7025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)