FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

GOLF MANOR CONDOMINIUM BUILDING "B", INC.

FILED Feb 06 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						s tadent inden siese iditt, tendt titte tidt flight millit millit bente bindi Sibil billit tadi	
	CONDO ASSOCIATION		GOLF MANOR CONDO ASSOCIATION			3. Date Incorporated or Qualified	
403 SW 148 AV	/ENUE #14 IES FL 33027-1307	403 SW 148 AVENUE #14 PEMBROKE PINES FL 33027-1307			03/20/1974		
US PIN	100 FC 00027-1307	US			4. FEI Number Applied For		
						NOT APPLICABLE Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing \$5.00 May Be	
22		27				Trust Fund Contribution Added to Fees	
City & State		City & State	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip Country			,	8. This corporation owes or has paid the current year Intangible	
24	25	⊢	30	•		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren		1001			10. Name and Address of New Registered Agent	
				81	Name		
NUNNO, ROBERT			82 Street Ac		Street Ac	ddress (P.O. Box Number is Not Acceptable)	
5701 HC SUITE B	DLLYWOOD BLVD		83		 -		
,	/OOD FL 33021			84	City	■■ 85 Zip Code	
33				{	1	 - 	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		ID DIRECTORS	13.	u nye	in signature re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			Change Addition	
NAME	AGNEW, MARY ANNE		1,2 NAME				
STREET ADDRESS	403 SW 148TH AVE. #13		1.3 STREE		ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-		T-ZIP		
TITLE	VP	DELETE	2.1 TITLE		İ	Change Addition	
NAME	LYSAGHT, KEVIN		2.2 NAME		1		
STREET ADDRESS	403 S.W. 148TH AVENUE		2,3 STREE				
CITY-ST-ZIP	PEMBROKE PINES FL	DELETE	2. 4 CITY-		ST-ZIP	Change Addition	
TiTLE	TD CLADY NODA	["] Detete	3.1 TITLE			Change Adolton	
NAME	CLARK, NORA		3.2 NAME		ADDRESS		
STREET ADDRESS	403 S.W. 148TH AVENUE		3.3 STREET				
CITY-ST-ZIP TITLE	PEMBROKE PINES FL SD	☐ DELETE	3.4. CITY - 8 4.1 TITLE		31-ZIP	Change Addition	
NAME	PORTORREAL, SHIRLEY		4. 2 NAME				
STREET ADDRESS	403 SW 148TH AVE #1		4.3 STREET		ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL				T-ZIP		
TITLE	1 amortone (med te	DELETE	5.1 TI		· - 2 · · · ·	☐ Change ☐ Addition	
NAME			5.2 N	AME	-		
STREET ACORESS			5.3 STREET		ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST		i		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6,2 N	AME	j		
STREET ADDRESS			6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			6.4 CI				
14. I hereby o	certify that the information supplied w	ith this filing does not qualify for	r the exe	empt	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

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:

954-431-2025