

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

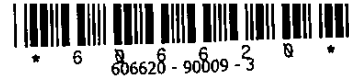


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729112

1. Corporation Name

GOLF MANOR CONDOMINIUM BUILDING "B", INC.



Principal Place of Business

GOLF MANOR CONDO ASSOCIATION
 403 SW 148 AVENUE #14
 PEMBROKE PINES FL 33027-1307
 US

Mailing Address

GOLF MANOR CONDO ASSOCIATION
 403 SW 148 AVENUE #14
 PEMBROKE PINES FL 33027-1307
 US

2. Principal Place of Business

21 Suite, Apt. #, etc. ***10R*4**
 22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc. ***10R*4**
 27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/20/1974

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**

9. Name and Address of Current Registered Agent

NUNNO, ROBERT
 5701 HOLLYWOOD BLVD
 SUITE B
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name **TERRY CHAVEZ-RODRIGA**
 82 Street Address (P.O. Box Number is Not Acceptable) **403 SW 148TH AVE. #4**
 83 City **PEMBROKE PINES FL** 85 Zip Code **33027**

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 617.0603, Florida Statutes.

SIGNATURE **TERRY CHAVEZ-RODRIGA, PRESIDENT** DATE **8/8/99**
Signature used or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | AGNEW, MARY ANNE | |
| STREET ADDRESS | 403 SW 148TH AVE. #13 | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | LYSAGHT, KEVIN | |
| STREET ADDRESS | 403 S.W. 148TH AVENUE | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | CLARK, NORA | |
| STREET ADDRESS | 403 S.W. 148TH AVENUE | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | PORTORREAL, SHIRLEY | |
| STREET ADDRESS | 403 SW 148TH AVE #1 | |
| CITY-ST-ZIP | PEMBROKE PINES 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 type="checkbox"/> Addition |
| 1.2 NAME | TERRY CHAVEZ- | |
| 1.3 STREET ADDRESS | 403 SW 148TH AVE #4 | |
| 1.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| 2.1 TITLE | VICE PRESIDENT/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LILLIAN BARRY | |
| 2.3 STREET ADDRESS | 15211 CAPELL LAKE NORTH | |
| 2.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| 3.1 TITLE | TREASURER/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | SHIRLEY PORTORREAL | |
| 3.3 STREET ADDRESS | 403 SW 148TH AVE #1 | |
| 3.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| 4.1 TITLE | SECRETARY DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | LEE HORSON | |
| 4.3 STREET ADDRESS | 403 SW 148TH AVE #3 | |
| 4.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| 5.1 TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | DOUNA GOLDSTON | |
| 5.3 STREET ADDRESS | 403 SW 148TH AVE #6 | |
| 5.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | |
| 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 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 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, with all of the like empowered.

SIGNATURE: **TERRY CHAVEZ-RODRIGA, PRESIDENT** DATE **8/8/99** Daytime Phone # **305-374-0565**

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CR2E037 (5/99)