


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90043 007 \*\*\*\*61.25

<b>DOCUMENT # 729112</b>			
1. Entity Name <b>GOLF MANOR CONDOMINIUM BUILDING "B", INC.</b>			
Principal Place of Business <b>GOLF MANOR CONDO ASSOCIATION 403 SW 148 AVE. PEMBROKE PINES FL 33027-1307 US</b>		Mailing Address <b>GOLF MANOR CONDO ASSOCIATION 403 SW 148 AVE. PEMBROKE PINES FL 33027-1307 US</b>	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>Apt 118</i>		Suite, Apt. #, etc. <i>Apt 118</i>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>AGNEW, EDEN P 403 SW 148TH AVENUE APT-13-B PEMBROKE PINES FL 33027</b>		7. Name and Address of New Registered Agent Name <b>LULEY, RYAN M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>403 SW 148TH AVE APT 118</b> City <b>PEMBROKE PINES</b> FL Zip Code <b>33027</b>	
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: <i>Ryan M. Luley</i> <b>PRESIDENT RYAN M. LULEY</b> DATE: <b>3-3-2004</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEYES, ESTEBAN 403 SW 148 AVE APT 8 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ryan Luley 403 S.W. 148 Ave # 11 Pembroke Pines, FL 33027. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAUNTLETT, TRACY 403 SW 148 AVE #2 PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY USA Polanco 403 SW 148 Ave APT #9 Pembroke Pines FL 33027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORT, MAYDA 403 SW 148TH AVENUE, #B PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mayda Gort 403 S.W. 148 Ave Apt #11 Pembroke Pines, FL 33027. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGNEW, EDEN P 403 SW 148 AVE 13-B PEMBROKE PINES FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Ryan M. Luley</i> <b>RYAN M. LULEY PRESIDENT</b>		DATE: <b>3-3-2004</b> DAYTIME PHONE: <b>954-436-8926</b>	

66410456



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For  Not Applicable

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
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SIGNATURE: *Ryan M. Luley* **RYAN M. LULEY PRESIDENT** DATE: **3-3-2004** DAYTIME PHONE: **954-436-8926**