

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729112

FILED
Mar 16, 2007
Secretary of State

Entity Name: GOLF MANOR CONDOMINIUM BUILDING "B", INC.

Current Principal Place of Business:

GOLF MANOR CONDO ASSOCIATION
403 SW 148 AVE, #16
PEMBROKE PINES, FL 330271307 US

New Principal Place of Business:

Current Mailing Address:

GOLF MANOR CONDO ASSOCIATION
403 SW 148 AVE, #16
PEMBROKE PINES, FL 330271307 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSON, DONNA
403 SW 148TH AVENUE APT 16
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLSON, DONNA
Address: 403 SW 148 AVE #16
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP () Delete
Name: DIAZ, ADRIANA
Address: 403 SW 148 AVE APT #2
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD () Delete
Name: JIMENO, FERNANDO
Address: 1618 SW 149 AVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD () Delete
Name: JIMENO, JANETH
Address: 1618 SW 149 AVE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLSON, DONNA L
Address: 403 SW 148 AVE #16
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP (X) Change () Addition
Name: YOUNG, MARINELA NUBIA
Address: 403 SW 148 AVE APT #4
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD (X) Change () Addition
Name: THABUTEAU, MICHELLE
Address: 403 SW 148 AVE APT#5
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD (X) Change () Addition
Name: THABUTEAU, MICHELLE
Address: 403 SW 148 AVE APT #5
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L. COLSON

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date