ILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:14

DOCUMENT # 749267 (1)

1. Corporation Name

GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
430 GOLDEN ISLES DRIVE HALLANDALE FL 33009	430 GOLDEN ISLES DRIVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1979
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1940988 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BOROFF, PAUL
430 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, HAROLD	1.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BOROFF, PAUL	2.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SHEPARD, LILLIAN	3.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	VP X ☐ Change ☐ Addition
NAME	CINOTSKY, PEARL	4.2 NAME	PAULA FRIEDMAN
STREET ADDRESS	430 GOLDEN ISLES DR	4.3 STREET ADDRESS	430 GOLDEN ISLES DR.
CITY-ST-ZIP	HALLANDALE, FL 00000	4.4 CITY-ST-ZIP	HALLANDALE, FL.
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANK, ROBYN	5.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTANDT, DOROTHEA	6.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	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)(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.

SIGNATURE: [signature] DOROTHEA GOLDSTANDT TREASURER Date 2/4/95 454-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0017993