FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **749267** **(1)**

1. Corporation Name

GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
430 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

Mailing Address
430 GOLDEN ISLES DRIVE
HALLANDALE FL 33009-7547

3. Date Incorporated or Qualified: 10/10/1979
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 Contributor ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 of President or Other Officer of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LEVINE, HAROLD	
STREET ADDRESS	430 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	PD	☐ DELETE
NAME	BOROFF, PAUL	
STREET ADDRESS	430 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	☐ DELETE
NAME	SHEPARD, LILLIAN	
STREET ADDRESS	430 GOLDEN ISLES DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	☐ DELETE
NAME	FREIDMAN, PAULA	
STREET ADDRESS	430 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	☐ DELETE
NAME	FRANK, ROBYN	
STREET ADDRESS	430 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	TD	☐ DELETE
NAME	GOLDSTANDT, DOROTHEA	
STREET ADDRESS	430 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Paul Boroff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022607

CR2E037 (9/96)