

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:36

DOCUMENT # **751024** (1)

1, Corporation Name

GOLDEN SAILS OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

111 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

111 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1980	3a. Date of Last Report 04/25/1994
4. FBI Number 59-1968190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 111 Golden Isles Drive Hallandale, Florida 33009	2a. Mailing Address 26 Suite, Apt. #, etc. 111 Golden Isles Drive Hallandale, Florida 33009
22 State FL	27 State FL
24 Zip 33009	29 Zip 33009
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKEL, ARDIE
111 GOLDEN ISLES DR
STE 08
HALLANDALE FL 33009

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

SAME

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 ARDIE NICKEL, ARDIE NICKEL, SR (PRES) DATE 5-18-95

12. OFFICERS AND DIRECTORS	
TITLE D	NAME ROTELL, ERNEST STREET ADDRESS 111 GOLDEN ISLES DR #G-3 CITY - ST - ZIP HALLANDALE FL
TITLE VD	NAME DE GENNARD, ROBY G STREET ADDRESS 111 GOLDEN ISLES DR #F1 CITY - ST - ZIP HALLANDALE FL
TITLE PD	NAME NICKEL, ARDIE STREET ADDRESS 111 GOLDEN ISLES DR #B8 CITY - ST - ZIP HALLANDALE FL
TITLE D	NAME NEID, DANNY STREET ADDRESS 111 GOLDEN ISLES DR #B4 CITY - ST - ZIP HALLANDALE FL
TITLE D	NAME DEGENNARO, ROBERT STREET ADDRESS 111 GOLDEN ISLES DR. #F-7 CITY - ST - ZIP HALLANDALE FL
TITLE D	NAME MIELE, J STREET ADDRESS 111 GOLDEN ISLES DR #D9 CITY - ST - ZIP HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE V.P.	12 NAME Ernest Rotella 13 STREET ADDRESS 111 Golden Isles Dr. 14 CITY - ST - ZIP Hallandale, FL 33009 G-3
21 TITLE Treas.	22 NAME Bill Porse 23 STREET ADDRESS 111 Golden Isles Dr. 24 CITY - ST - ZIP Hallandale, FL 33009 C-10
31 TITLE Sec.	32 NAME Camille Naglieri 33 STREET ADDRESS 111 Golden Isles Dr. 34 CITY - ST - ZIP Hallandale, FL 33009 E-10
41 TITLE Director	42 NAME Phillip Paskin 43 STREET ADDRESS 111 Golden Isles Dr. 44 CITY - ST - ZIP Hallandale, FL 33009 F-11
51 TITLE Director	52 NAME Allen Stabile 53 STREET ADDRESS 111 Golden Isles Dr. 54 CITY - ST - ZIP Hallandale, FL 33009 G-8
61 TITLE Director - Int'l.	62 NAME George North 63 STREET ADDRESS 111 Golden Isles Dr. 64 CITY - ST - ZIP Hallandale, FL 33009 D-12

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 110.07(3)(k), 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: William N Porse JR DATE 5-18-95 458-3868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) District Photo #