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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **751024** (1)
1. Corporation Name

GOLDEN SAILS OWNERS' ASSOCIATION, INC.



Principal Place of Business: 111 GOLDEN ISLES DRIVE HALLANDALE FL 33009
Mailing Address: 111 GOLDEN ISLES DRIVE HALLANDALE FL 33009

3. Date Incorporated or Qualified: 02/13/1980
3a. Date of Last Report: 05/24/1995
4. FEI Number: 59-1968190
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: NICKEL, ARDIE, 111 GOLDEN ISLES DR, STE B8, HALLANDALE FL 33009
10. Name and Address of New Registered Agent: 81 Name: RIVA FRALICK, 82 Street Address: 111 GOLDEN ISLES DR. #G-10, 83, 84 City: HALLANDALE, FL, 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 617.0509 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 617.0509, Florida Statutes.

SIGNATURE: RIVA FRALICK, PRESIDENT, GSOA, JUNE 14, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP NAME: ROTELHA, ERNEST STREET ADDRESS: 111 GOLDEN ISLES DR CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE: MARGE MCNALLY, VP 1.2 NAME: MARGE MCNALLY, VP 1.3 STREET ADDRESS: 111 GOLDEN ISLES DR. #C-7 1.4 CITY-ST-ZIP: HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: POVSE, BILL STREET ADDRESS: 111 GOLDEN ISLE DR C-10 CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> DELETE	2.1 TITLE: JOHN ZARZYCKI, T 2.2 NAME: JOHN ZARZYCKI, T 2.3 STREET ADDRESS: 111 GOLDEN ISLES DR. #C-5 2.4 CITY-ST-ZIP: HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MAGLIERI, CAMILLE STREET ADDRESS: 111 GOLDEN ISLE DR E-10 CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> DELETE	3.1 TITLE: S 3.2 NAME: MARIE NICKEL 3.3 STREET ADDRESS: 111 GOLDEN ISLES DR. #D-2 3.4 CITY-ST-ZIP: HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PESKIN, PHILLIP STREET ADDRESS: 111 GOLDEN ISLE DR F-11 CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: RICHARD CODY 4.3 STREET ADDRESS: 111 GOLDEN ISLES DR. #D-1 4.4 CITY-ST-ZIP: HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STABILE, ALLEN STREET ADDRESS: 111 GOLDEN ISLE DR C-8 CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> DELETE	5.1 TITLE: D - CAROL SHAHEEN 5.2 NAME: D - CAROL SHAHEEN 5.3 STREET ADDRESS: 111 GOLDEN ISLES DR. #D-6 5.4 CITY-ST-ZIP: HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DM NAME: HARTH, GEORGE STREET ADDRESS: 111 GOLDEN ISLES DR D-12 CITY-ST-ZIP: HALLANDALE FL	<input type="checkbox"/> DELETE	6.1 TITLE: D - TOM CHESLEY 6.2 NAME: D - TOM CHESLEY 6.3 STREET ADDRESS: 111 GOLDEN ISLES DR. #G-7 6.4 CITY-ST-ZIP: HALLANDALE, FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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: RIVA FRALICK, DATE: 6/14/96, DAYTIME PHONE: 954-981-4667

CR2E037 (12/95)