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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33009-5820

3. Date Incorporated or Qualified
02/13/1980

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 N/A

26 N/A

4. FEI Number
59-1968190

Applied For
Not Applicable

22 Suite, Apt. #, etc. N/A

27 Suite, Apt. #, etc. N/A

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State N/A

28 City & State N/A

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip N/A

25 Country N/A

29 Zip N/A

30 Country N/A

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIVA FRALICK
111 GOLDEN ISLES DR. #G-10
STE B8
HALLANDALE FL 33009

81 Name TOM CHESLEY
82 Street Address (P.O. Box Number is Not Acceptable)
111 GOLDEN ISLES DR - G7
83
84 City HALLANDALE FL 85 Zip Code 33009

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: *Tom Chesley*

(NOTE: Registered Agent signature required when reinstating)

03/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARGE MCNALLY	
STREET ADDRESS	111 GOLDEN ISLES DR. C-7	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JOHN ZARZYCKI	
STREET ADDRESS	111 GOLDEN ISLES DR. #C-5	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARIE NICKEL	
STREET ADDRESS	111 GOLDEN ISLES DR. #D-2	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD CODY	
STREET ADDRESS	111 GOLDEN ISLES DR. #D-6	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAROL SHAHEEN	
STREET ADDRESS	111 GOLDEN ISLES DR. #D-6	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOM CHESLEY	
STREET ADDRESS	111 GOLDEN ISLES DR., #G-7	
CITY-ST-ZIP	HALLANDALE FL	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ST/D ROBERT G. DE GENARO
1.3 STREET ADDRESS	111 GOLDEN ISLES DR - FT
1.4 CITY-ST-ZIP	HALLANDALE, FLA. 33009
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH D'AMICO
2.3 STREET ADDRESS	111 GOLDEN ISLES DR. #A
2.4 CITY-ST-ZIP	HALLANDALE, FLA 33009
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD ANDREWS
3.3 STREET ADDRESS	503 FARRFIELD AVE
3.4 CITY-ST-ZIP	LINWOOD, NJ. 08211
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ST/D CAROL SHAHEEN
5.3 STREET ADDRESS	111 GOLDEN ISLES DR. #D-6
5.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ST/D TOM CHESLEY
6.3 STREET ADDRESS	111 GOLDEN ISLES DR - G7
6.4 CITY-ST-ZIP	HALLANDALE, FL. 33009

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: *Robert G. De Genaro*

3/4/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022567

CR2E037 (9/96)