


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 751024 (1)**

1. Corporation Name  
**GOLDEN SAILS OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>111 GOLDEN ISLES DRIVE HALLANDALE FL 33009</b>	Mailing Address <b>111 GOLDEN ISLES DRIVE HALLANDALE FL 33009</b>
--	--

3. Date Incorporated or Qualified  
**02/13/1980**

4. FEI Number  
**59-1968190**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CHESLEY, TOM  
111 GOLDEN ISLES DR  
G7  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name	<b>ROBERT G. DE GENNARO</b>
82 Street Address (R.O. Box Number is Not Acceptable)	<b>111 GED - F7</b>
83	<b>HALLANDALE, FL. 33009</b>
84 City	<b>FL</b>
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 *Robert G. De Gennaro* **SEC - TREAS** **4/2/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE GENNARO, ROBERT G.</b>	1.2 NAME	
STREET ADDRESS	<b>111 GOLDEN ISLES DR., F7</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'AMICO, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>111 GOLDEN ISLES DR., E4</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREWS, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>503 FAIRFIELD AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LINWOOD NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAHEEN, CAROL</b>	4.2 NAME	
STREET ADDRESS	<b>111 GOLDEN ISLES DR., D6</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESLEY, TOM</b>	5.2 NAME	
STREET ADDRESS	<b>111 GOLDEN ISLES DR., #G-7</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>FRANCES MARCELLI</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANCES MARCELLI</b>	6.2 NAME	
STREET ADDRESS	<b>111 GOLDEN ISLES DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE, FLA.</b>	6.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Gennaro* **3/10/98 458-3868**

CP2E037 (10/97)