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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90123 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751024

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/13/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1968190
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent

DEGENNARO, ROBERT G
111 GOLDEN ISLES DR
F-7
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> DELETE
NAME	DE GENNARO, ROBERT G.
STREET ADDRESS	111 GOLDEN ISLES DR., F7
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	D'AMOCO, JOSEPH
STREET ADDRESS	111 GOLDEN ISLES DR., E4
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, RICHARD
STREET ADDRESS	503 FAIRFIELD AVE
CITY-ST-ZIP	LINWOOD NJ
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SHAHEEN, CAROL
STREET ADDRESS	111 GOLDEN ISLES DR., D6
CITY-ST-ZIP	HALLANDALE FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MARCELLI, FRANCES
STREET ADDRESS	111 GOLDEN ISLES DR, E-12
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARMEN VENDETTI
STREET ADDRESS	111 GOLDEN ISLE DR. B-10
CITY-ST-ZIP	HALLANDALE, FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROTELLA, ERNEST
1.3 STREET ADDRESS	111 Golden Isle Dr. G3
1.4 CITY-ST-ZIP	Hallandale, Fl.
2.1 TITLE	D/ SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT SCHWEHR
2.3 STREET ADDRESS	111 GOLDEN ISLE DR. C-4
2.4 CITY-ST-ZIP	HALLANDALE, FL
3.1 TITLE	D/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT DeGENNARO
3.3 STREET ADDRESS	111 GOLDEN ISLE DR. F-7
3.4 CITY-ST-ZIP	HALLANDALE, FL.
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGE HARTH
4.3 STREET ADDRESS	111 GOLDEN ISLE DR. D-12
4.4 CITY-ST-ZIP	HALLANDALE, FL
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANNY NIED
5.3 STREET ADDRESS	111 Golden Isle Dr. B-4
5.4 CITY-ST-ZIP	HALLANDALE, FL
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ANTHONY NAGLIERI
6.3 STREET ADDRESS	111 GOLDEN ISLE DR. E-10
6.4 CITY-ST-ZIP	Hallandale, Fl.

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, with all other like empowered.

SIGNATURE: _____ Date: 3/17/99 Daytime Phone # _____

CR2E037 (11/98)