

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90195 024 ****61.25

DOCUMENT # 751024

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1968190

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEGENNARO, ROBERT G
111 GOLDEN ISLES DR
F-7
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **ERNEST ROTELLA** **PRESIDENT**
 Street Address (P.O. Box Number is Not Acceptable)
111 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Ernest Rotella
 SIGNATURE **ERNEST ROTELLA PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-00
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD <input checked="" 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	VENDETTI, CARMEN
STREET ADDRESS	111 GOLDEN ISLES DR., E4
CITY-ST-ZIP	HALLANDALE FL
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	ROTELLA, ERNEST
STREET ADDRESS	111 GOLDEN ISLES DR, G-3
CITY-ST-ZIP	HALLANDALE FL
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	SCHWEHR, ROBERT
STREET ADDRESS	111 GOLDEN ISLES DR, C-4
CITY-ST-ZIP	HALLANDALE FL
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	DEGENNARO, ROBERT
STREET ADDRESS	111 GOLDEN ISLE DR., F-7
CITY-ST-ZIP	HALLANDALE FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HARTH, GEORGE
STREET ADDRESS	111 GOLDEN ISLE DR., D-12
CITY-ST-ZIP	HALLANDALE FL

TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST ROTELLA
STREET ADDRESS	111 GOLDEN ISLEA DR.# G-3
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DEGENNARO, ROBERT VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGENNARO, ROBERT VD
STREET ADDRESS	111 GOLDEN ISLES DR. F-7
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY NAGLIERI
STREET ADDRESS	111 GOLDEN ISLES DR. -E-10
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL SHMHEEN
STREET ADDRESS	111 GOLDEN ISLES DR #D-6
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACHILLES DELEAO DR.
STREET ADDRESS	111 GOLDEN ISLES DR # E-2
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE. HARTH
STREET ADDRESS	111 GOLDEN ISLES DR # D-12
CITY-ST-ZIP	HALLANDALE FL 33009

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ERNEST ROTELLA, PRESIDENT** *Ernest Rotella* *4-25-00* *954-458-3868*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)