

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90997 043 ****61.25

0015537

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1968190

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTELLA, EARNEST
 111 GOLDEN ISLES DR
 F-7
 HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE: *Ernest Rotella - President*

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

(NOTE: Registered Agent signature required when reinstating)

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: **VP** Delete
 NAME: **DE GENNARO, ROBERT G.**
 STREET ADDRESS: **111 GOLDEN ISLES DR., F7**
 CITY-ST-ZIP: **HALLANDALE FL**

TITLE: **Pres.** Change Addition
 NAME: **Rotella, Ernest**
 STREET ADDRESS: **111 Golden Isles Dr. G-3**
 CITY-ST-ZIP: **Hallandale, FL 33009**

TITLE: **D** Delete
 NAME: **VENDETTI, CARMEN**
 STREET ADDRESS: **111 GOLDEN ISLES DR., E4**
 CITY-ST-ZIP: **HALLANDALE FL**

TITLE: **D.Sec** Change Addition
 NAME: **Sheheen, Carol**
 STREET ADDRESS: **111 Golden Isles Dr. F-8**
 CITY-ST-ZIP: **Hallandale, FL 33009**

TITLE: **P** Delete
 NAME: **ROTELLA, ERNEST**
 STREET ADDRESS: **111 GOLDEN ISLES DR, G-3**
 CITY-ST-ZIP: **HALLANDALE FL**

TITLE: **Treas.** Change Addition
 NAME: **Naglieri, Anthony N.**
 STREET ADDRESS: **111 Golden Isles Dr. F-10**
 CITY-ST-ZIP: **Hallandale, FL 33009**

TITLE: **DS** Delete
 NAME: **SHEHEEN, CAROL**
 STREET ADDRESS: **111 GOLDEN ISLES DRIVE**
 CITY-ST-ZIP: **HALLANDALE FL**

TITLE: **D** Change Addition
 NAME: **Vendetti, Carmen**
 STREET ADDRESS: **111 Golden Isles Dr. B-10**
 CITY-ST-ZIP: **Hallandale, FL 33009**

TITLE: **D** Delete
 NAME: **MARTEN, RITA**
 STREET ADDRESS: **111 GOLDEN ISLES DRIVE C12**
 CITY-ST-ZIP: **HALLANDALE FL**

TITLE: **D** Change Addition
 NAME: **Scoppa, Jim**
 STREET ADDRESS: **16 So. Washington Ave**
 CITY-ST-ZIP: **Ventnor, N.J. 08406**

TITLE: **D** Delete
 NAME: **ANDREWS, RICH**
 STREET ADDRESS: **111 GOLDEN ISLES DRIVE C1**
 CITY-ST-ZIP: **HALLANDALE FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

954-458-3868

Daytime Phone #

CR2E037 (9/01)