


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90303 005 ****61.25

DOCUMENT # 751024			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NAGLIERI, ANTHONY N 111 GOLDEN ISLES DR E-10 HALLANDALE, FL 33009		Name <u>Horizon Maintenance</u> Street Address (P.O. Box Number is Not Acceptable) <u>5618 Hollywood Blvd</u> City <u>Hollywood</u> , FL Zip Code <u>33021</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Dorly D. Nardi, CAM Property Manager</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/25/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENDETTI, CARMEN 111 GOLDEN ISLES DR., B-10 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jack Madison 111 Golden Sails Dr. B6 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTH, GEORGE 111 GOLDEN ISLES DR D-12 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Phil Peskip 111 Golden Sails Dr. F11 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAGLIERI, ANTHONY N 111 GOLDEN ISLES DR. E-10 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Roberto De Gennaro 111 Golden Sails Dr. F7 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, DAMON 111 GOLDEN ISLES DR. C-2 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Richard Cody 111 Golden Sails Dr. D1 Hallandale, FL 33009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNINO, RITA 111 GOLDEN ISLES DR. C-11 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laura Madison 111 Golden Sails G12 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Phillip Peskip</u>		Date <u>3/22/2006</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 59-1968190 Applied For Not Applicable

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