2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011970

FILED Mar 23, 2005 8:00 am Secretary of State

03-23-2005 90046 036 ****61.25

1. Entity Nam GOLDEN	DREAMS CONDOMINIUM	ASSOCIATION INC.									
Principal Place of Business 65 WASHINGTON AVE. MIAMI BEACH, FL 33139 US		Mailing Address 65 WASHINGTON AVE. MIAMI BEACH, FL 33139 US			40037315						
2. Principal Place of Business		3. Mailing Address Solano & Solano									
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1235 Alton Rd.			02092005 CI	ng-NP	CR2E037 (10)/03)			
City & State	6	City & State Miami Beach, FL			4. FEI Number 4	40 286		Not	olied For Applicable		
Zip —	Country	Zip 33139	Country USA		5Certificate of St		Fee F	5 Addi lequired			
	6. Name and Address of Current	Registered Agent	Name		7: Name and Add	ress of New Re	gistered Agent				
HILLSTRE	M-CHRISTINE-		Name	بهشيم			. 				
HILLSTROM, CHRISTINE 17145 SW 90TH AVE PALMETTO BAY, FL 33157				Street Address (P.O. Box Number is Not Acceptable)							
			City				- FL Z	ip 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. I am familiar with, and accept the obligations of registered agent.											
	//h///////	// Object	154488	លវារា	c+rom=D/	Ď	3/16/0	5			
SIGNATURE .	Signature, tyged or printed name of registered agent	<u> </u>	Regislered Agent signar		strom;P/	<i>D</i>	DATE				
<u> </u>	Signature, typed or printed name of registered agent	and the happitesore. (NOTE. P	Jedisie en Vaeur aldus	(die ledalieu	ener remaration(f)		DAIL				
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	l	ke check pay Ia Departmen				
10.	OFFICERS AND DI	RECTORS	11.	Α	DDITIONS/CHANG	ES TO OFFICER	S AND DIRECT	ORS IN	10		
TITLE	P	☐ Delete	TITLE	P/D			∕} ⁄2/∂	,hange	},[] [®] ,dition		
NAME	HILLSTROM, CHRISTINE		NAME		1strom,	Christi	ne /				
STREET ADDRESS	65 WASHINGTON AVE. #7 MIAMI BEACH, FL 33139		STREET ADDRESS CITY+ST+ZIP		Washingt						
	VP	□ n-1-1-	TITLE		mi Beach		1111	Change	Addition		
TITLE	KICK, JASON	☐ Delete	NAME				٠.	ilialiye	☐ Addition		
STREET ADDRESS	65 WASHINGTON AVE. #12		STREET ADDRESS								
CITY-ST-ZIP	MIAMI BEACH, FL 33139	. 1 :	CITY-ST-ZIP								
TITLE	SEC	Delete	_TITLE	S/D				hange	Addition		
NAME	FINE, ISOBEL	$/ \setminus_i$	NAME		nasova,D				/8		
STREET ADORESS CITY-ST-ZIP	65 WASHINGTON AVE. #23 MIAMI BEACH, FL 33139	b	STREET ADORESS CITY-ST-ZIP		Washingt			•			
·	TRES	Defete	TITLE		mi_Beach	FL F	3139 120	'hanne	Addition		
TITLE NAME	MCALOON, MATTHEW	The treater	NAME	T/D			7₹	mange			
STREET ADDRESS	65 WASHINGTON AVE. #8	/ •	STREET ADDRESS		k, Jason		# 10				
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		Washingt						
TITLE	ALT	Delete	TITLE	Mla	mi Beach	, кг д	#3138□(hange	☐ Addition		
NAME STORES ADDRESS	SAYER, KEVIN	/ 1	NAME CIRCET ADDRESS								
STREET ADDRESS CITY-ST-ZIP	65 WASHINGTON AVE. #1 MIAMI BEACH, FL 33139	,	STREET ADDRESS CITY-ST-ZIP								
	HARMIN DEPOSIT, FE 00108	D Kalas		1				Change	Addition		
TITLE		☐ Delete	TITLE NAME	}				augr	L. AUGMON		

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 of the

STREET ADORESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

Christine H

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3/16/05

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