2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2006
Secretary of State

DOCUMENT# N04000011970

Entity Name: GOLDEN DREAMS CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

65 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O SOLANO & SOLANO
1235 ALTON RD
MIAMI BEACH, FL 33139 US

New Mailing Address:

ALBERT CORRADA, CPA
6905 CORSICA STREET
CORAL GABLES, FL 33146 US

FEI Number: 59-1440286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HILLSTROM, CHRISTINE
17145 SW 90TH AVE
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

CORRADA, ALBERT CPA
6905 CORSICA STREET
CORAL GABLES, FL 33146 US

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: ALBERT CORRADA 05/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HILLSTROM, CHRISTINE
Address: 65 WASHINGTON AVE. #7
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP (X) Delete
Name: KICK, JASON
Address: 65 WASHINGTON AVE. #12
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: SD ( ) Delete
Name: ATANASOVE, DANIELLE
Address: 65 WASHINGTON AVE, # 5
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD ( ) Delete
Name: KICK, JASON
Address: 65 WASHINGTON AVE, # 12
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ATANASOVA, DANIELLE
Address: 65 WASHINGTON AVE, # 5
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE HILLSTROM PD 05/06/2006
Electronic Signature of Signing Officer or Director Date