

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 01, 2000 8:00 am
Secretary of State

02-17-2000 90069 008 ****61.25

DOCUMENT # N99000000822

1. Entity Name

GOLDEN BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17044 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

17044 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160-3642

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

65-0531315

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

7. Name and Address of New Registered Agent

ROUSSO, MARK E
2875 NE 191 ST PH 3A
AVENTURA FL 33180

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

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	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
DPT	BOULANGER, LAURIS B	1986 NE 149TH STREET	NORTH MIAMI BEACH FL 33181	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVS	KIRSCHNER, KIMBERLY	17044 COLLINS AVENUE	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	VERGARA, HERNAN	17044 COLLINS AVENUE	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #