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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749267** **(1)**

1. Corporation Name

GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
430 GOLDEN ISLES DRIVE HALLANDALE FL 33009	430 GOLDEN ISLES DRIVE HALLANDALE FL 33009-7547

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 10/10/1979	3a. Date of Last Report 03/22/1996
4. FEI Number 59-1940988	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor. ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

BOROFF, PAUL
430 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, HAROLD		1.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOROFF, PAUL		2.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHEPARD, LILLIAN		3.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FREIDMAN, PAULA		4.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANK, ROBYN		5.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTANDT, DOROTHEA		6.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Boroff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022607