SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # 749267 (1)

1. Corporation Name

GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
430 GOLDEN ISLE$ DRIVE HALLANDALE FL 33009	430 GOLDEN ISLES DRIVE HALLANDALE FL 33009

3. Date Incorporated or Qualified: 10/10/1979

4. FEI Number: 59-1940988 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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: FREIDMAN, PAULA
82 Street Address (P.O. Box Number Is Not Acceptable): 430 GOLDEN ISLES DR
83:
84 City: HALLANDALE FL 85 Zip Code: 33009

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: PAULA FREIDMAN 7/6/98
Signature, typed or printed name of registered agent and title if applicable. (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	VICE PRES / DIRECTOR	☐ Change ☒ Addition
NAME	BOROFF, PAUL		2.2 NAME	MURPHY, FRAN	
STREET ADDRESS	430 GOLDEN ISLES DR		2.3 STREET ADDRESS	430 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000		2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
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	PRESIDENT / DIRECTOR	☒ 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	SECRETARY	☐ Change ☐ Addition
NAME	FRANK, ROBYN		5.2 NAME	BEKOFF, CAROLYN	
STREET ADDRESS	430 GOLDEN ISLES DR		5.3 STREET ADDRESS	430 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE, FL 00000		5.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
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 (5/98)

14. 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 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: PAULA FREIDMAN 7/6/98 954-458 0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #