


FILE NOW: FILING FEE IS \$61.25

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Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90006 019 \*\*\*\*61.25

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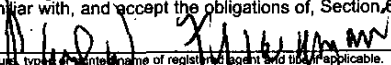
NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 749267</b>					
1. Corporation Name <b>GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>430 GOLDEN ISLES DRIVE HALLANDALE FL 33009</b>			Mailing Address <b>430 GOLDEN ISLES DRIVE HALLANDALE FL 33009</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/10/1979</b>	
				4. FEI Number <b>59-1940988</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>FREIDMAN, PAULA 430 GOLDEN ISLES DR HALLANDALE FL 33009</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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.

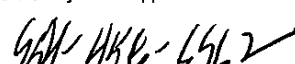
SIGNATURE  DATE **3/15/99**

Signature typed and printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINE, HAROLD</b>	1.2 NAME	
STREET ADDRESS	<b>430 GOLDEN ISLES DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, FRAN</b>	2.2 NAME	
STREET ADDRESS	<b>430 GOLDEN ISLES DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE, FL 00000 33009</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEPARD, LILLIAN</b>	3.2 NAME	
STREET ADDRESS	<b>430 GOLDEN ISLES DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREIDMAN, PAULA</b>	4.2 NAME	
STREET ADDRESS	<b>430 GOLDEN ISLES DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEKOFF, CAROLYN</b>	5.2 NAME	
STREET ADDRESS	<b>430 GOLDEN ISLES DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE, FL 00000 33009</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTANDT, DOROTHEA</b>	6.2 NAME	
STREET ADDRESS	<b>430 GOLDEN ISLES DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE, FL 00000</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99   
Date Daytime Phone #

CR2E037 (11/98)