

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90318 034 ****61.25

01/27/03

DOCUMENT # N96000006582

1. Entity Name

GOLDEN GATE ESTATES & MARINA OWNER'S ASSOCIATION, INC.



Principal Place of Business

**C/O THE FOSTER COMPANY
PO BOX 565820
PINECREST FL 33256**

Mailing Address

**C/O THE FOSTER COMPANY
PO BOX 565820
PINECREST FL 33256**

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 **65-0740169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOLF, JORGE L ESQ.
2875 NORTHEAST 191ST ST. STE 500
TURNBERRY PLAZA
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **Kenneth Deckler**

Street Address (P.O. Box Number is Not Acceptable)
19410 40 Court

City **Sunny Isles Beach**

FL

Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth Deckler

Kenneth Deckler

1/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BREAKSTONE, NOAH**
STREET ADDRESS **1200 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** ☒ Delete
NAME **KOPETMAN, ED**
STREET ADDRESS **1200 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☒ Delete
NAME **WOLFE, JORGE L ESQ.**
STREET ADDRESS **1200 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President - Director** ☐ Change ☒ Addition
NAME **Kenneth Deckler**
STREET ADDRESS **19410 40 Court**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice-President - Director** ☐ Change ☒ Addition
NAME **JORDAN NAJJAR**
STREET ADDRESS **19414 40th CT**
CITY-ST-ZIP **Sunny Isles Bch, FL 33160**

TITLE **Secretary - Director** ☐ Change ☒ Addition
NAME **VICTORIA FISHER**
STREET ADDRESS **3936 19th TRAIL**
CITY-ST-ZIP **Sunny Isles Bch, FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kenneth Deckler* **Kenneth Deckler**

1/22/03 305 933 4130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)