#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 713145** 

Entity Name: GOLDEN VIEW CONDOMINIUM, INC.,

**FILED** Feb 12, 2014 **Secretary of State** CC1163971704

## **Current Principal Place of Business:**

3189 SOUTH OCEAN DRIVE HALLANDALE BEACH, FL 33009

## **Current Mailing Address:**

3189 SOUTH OCEAN DRIVE HALLANDALE BEACH, FL 33009

FEI Number: 59-1229349 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

GLAZER AND ASSOCIATES, P.A. 3113 STIRLING ROAD 201

FORT LAUDERDALE, FL 33312 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title ٧P

Name LOWE. LOUIS E. Name ANGULO, MARIA

Address 3181 SOUTH OCEAN DRIVE Address 3181 SOUTH OCEAN DRIVE UNIT #501

UNIT #404

HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 City-State-Zip:

**TREASURER** Title Title SECRETARY

MORCOS, MAGDI Name MCSWIENEY, MICKIE Name

Address 3199 SOUTH OCEAN DRIVE Address 3199 SOUTH OCEAN DRIVE

> UNIT #506 UNIT #508

HALLANDALE BEACH FL 33009

HALLANDALE BEACH FL 33009 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR CIPRO, FRANK CARDAMONE, MARIO Name Name

Address 3199 SOUTH OCEAN DRIVE Address 3181 SOUTH OCEAN DRIVE

> UNIT #201 UNIT #403

HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip:

Title DIRECTOR Title DIRECTOR LEWKOWITZ, MICHAEL Name Name PENA, JOSE

3199 SOUTH OCEAN DRIVE Address Address 3199 SOUTH OCEAN DRIVE

> UNIT #203 **UNIT #408**

HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 City-State-Zip: City-State-Zip:

### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/12/2014 SIGNATURE: LOUIS E. LOWE **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleDIRECTORTitleOTHER (EX-OFFICIO)NameTENER, TANIANameREYES, SAMMY

Address 3199 SOUTH OCEAN DRIVE Address 3199 SOUTH OCEAN DRIVE

UNIT #406 UNIT #102

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009