

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 713145

**Entity Name:** GOLDEN VIEW CONDOMINIUM, INC.,

**Current Principal Place of Business:**

3189 SOUTH OCEAN DRIVE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

3189 S OCEAN DRIVE  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1229349

**Certificate of Status Desired:** Yes

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

MARK PERLMAN , P.A.  
1820 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 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:** MARK PERLMAN

02/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PUGLIESE, PATRICIA  
Address        3189 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            SECRETARY  
Name            PALELIS, JEANETTE  
Address        3189 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            CARDAMONE, MARIO  
Address        3189 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VP  
Name            BARRETT, MELVIN  
Address        3189 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            TREASURER  
Name            BLAIR, MYRON  
Address        3189 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            LEWKOWITZ, MICHAEL  
Address        3189 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            OTHER (EX-OFFICIO)  
Name            LOWE, LOUIS  
Address        3189 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE BEACH FL 33009

*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.*

**SIGNATURE:** PATRICIA PUGLIESE

PRESIDENT

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date