

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713145

FILED
Feb 04, 2015
Secretary of State
CC1209410860

Entity Name: GOLDEN VIEW CONDOMINIUM, INC.,

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:

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 VP
Name BARRETT, MELVIN
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 TREASURER
Name BLAIR, MYRON
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 DIRECTOR
Name LEWKOWITZ, MICHAEL
Address 3189 SOUTH OCEAN DRIVE
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name BARBETTA, ANGELO
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

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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

02/04/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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