2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 25, 2004 8:00 am **Secretary of State DOCUMENT # 707973** 1. Entity Name 03-25-2004 90049 031 ****61.25 GOLFCREST CONDOMINIUM, INC. Principal Place of Business Mailing Address C/O 400 SOUTH LUNA COURT C/O 400 SOUTH LUNA COURT HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESTER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 400 S. LUNA CT. APT. 4 HOLLYWOOD FL 33021 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD TITLE Delete TITLE Change ☐ Addition HESTER, JOAN NAME NAME 400 S LUNA CT APT 4 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition FARKAS, FRAN NAME NAME 400 SO, LUNA CT., APT 1 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition DILORENZO, BERNADINE NAME NAME 400 SO, LUNA CT., APT, 6 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change HESTER, RICHARD NAME NAME 400 SO. LUNA CT., APT. 4 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-79P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP 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

Пате

Daytime Phone #

R OR DIRECTOR

an address, with all other like empowered.

changed, or on an attachment w

SIGNATURE:

FILED