


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90063 029 ****61.25

DOCUMENT # 717012					
1. Entity Name GOLDEN HOUSE CONDOMINIUM, INC.					
Principal Place of Business GOLDEN HOUSE CONDO 1340 LINCOLN RD APT 300 MIAMI BEACH, FL 33139 US			Mailing Address C/O GALIANA MGMT. 801 SW 3 AVE., #304 MIAMI, FL 33130 US		
2. Principal Place of Business - No P.O. Box # 1340 Lincoln Road		3. Mailing Address C/O Galiana Management			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 801 SW 3 Avenue, Suite 305		04022007 Chg-NP CR2E037 (12/06)	
City & State Miami Beach, Fl.		City & State Miami, Fl.		4. FEI Number 59-1365740	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33139	Country USA	Zip 33130	Country USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GALIANA MGMT. SVCS., INC. 801 SW 3 AVE. #305 MIAMI, FL 33130			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGUAL, LINDA		NAME	Deitch, Donald	
STREET ADDRESS	1340 LINCOLN RD 507		STREET ADDRESS	1340 Lincoln Road, Unit 300	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach, FL. 33139	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALOO, PEDRO		NAME	Calvo, Pedro	
STREET ADDRESS	1340 LINCOLN ROAD #501		STREET ADDRESS	1340 Lincoln Road, Unit 501	
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP	Miami Beach, FL. 33139	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, LUZ		NAME	Bolognini, Victor	
STREET ADDRESS	1340 LINCOLN RD 402		STREET ADDRESS	1340 Lincoln Road, Unit 505	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach, FL. 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Diaz, Leonor	
STREET ADDRESS			STREET ADDRESS	1340 Lincoln Road, Unit 505	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, FL. 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Salzberg, Annette	
STREET ADDRESS			STREET ADDRESS	1340 Lincoln Road, Unit 702	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, FL. 33139	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: <i>Pedro Calvo</i>			Date: 4/2/2007/305-874-2138		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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