

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90145 041 ****61.25

DOCUMENT # 719724

1. Entity Name

GOLF MANOR CONDOMINIUM "A", INC.



Principal Place of Business

14901 SW 4TH STREET
APT 4
PEMBROKE PINES FL 33027

Mailing Address

6001 SW 188 AVE.
SOUTHWEST RANCHES FL 33332

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1351387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRING, JOHN JR
14901 SW 4TH ST. APT 4
PEMBROKE PINES FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	HERRING, JOHN JR	
STREET ADDRESS	6001 SW 188 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CORREA, RAUL	
STREET ADDRESS	14901 SW 4 ST #A 13	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOBIEDA, HICKEY	
STREET ADDRESS	14901 SW 4TH ST A-9	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	P	<input type="checkbox"/> Delete
NAME	CATMAN, B. ROCKY F	
STREET ADDRESS	14901 SW 4 ST. A11	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATILDE, IRIAS	
STREET ADDRESS	14901 SW 4TH ST A-8	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGULO, A LOPEZ	
STREET ADDRESS	14901 SW 4 ST #A 15	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELIPE RODRIGUEZ	
STREET ADDRESS	14901 SW 4 ST A12	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07 954-559-0700

Date

Daytime Phone #