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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724859

1. Corporation Name
GOLDEN TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 13685 N. E. 10TH AVE
 N. MIAMI FL 33161

Mailing Address
 13685 N. E. 10TH AVE
 N. MIAMI FL 33161



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/22/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1864727	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CURRY, ROBERT 13685 NE 10TH AVENUE N. MIAMI BEACH FL 33101				81	Name ERIC GUILLEN		
				82	Street Address (P.O. Box Number is Not Acceptable) 13685 NE 10TH AVE		
				83			
				84	City MIAMI FLA	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ERIC GUILLEN** *Eric Guillen* DATE **2/1/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANIS, RICHARD	1.2 NAME	LAGOY, SYBIL
STREET ADDRESS	13688 NE 10TH AVE	1.3 STREET ADDRESS	13685 NE 10TH AVE
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	N MIAMI, FLA
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, RONALD	2.2 NAME	
STREET ADDRESS	13685 NE LANE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, FRIEDMAN	3.2 NAME	
STREET ADDRESS	13685 NE 10 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, ROBERT	4.2 NAME	PRADO, WALTER
STREET ADDRESS	13685 NE 10TH AVE	4.3 STREET ADDRESS	13685 NE 10TH AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	N MIAMI, FLA
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, ERIC	5.2 NAME	
STREET ADDRESS	13655 NE 10TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SEYMOUR FRIEDMAN** *Seymour Friedman* DATE **2/1/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)