


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

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90047 021 ****61.25

DOCUMENT # 724859							
1. Entity 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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1864727			
Applied For		Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GUILLEN, ERIC 13685 NE 10TH AVENUE N. MIAMI BEACH FL 33101			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAGOY, SYBOL		NAME				
STREET ADDRESS	13685 NE. 10TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GUILLEN, RONALD		NAME				
STREET ADDRESS	13685 NE LANE AVE		STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI FL		CITY-ST-ZIP				
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SEYMOUR, FRIEDMAN		NAME				
STREET ADDRESS	13685 NE 10 AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PRADO, WALTOR		NAME				
STREET ADDRESS	13685 NE 10TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GUILLEN, ERIC		NAME				
STREET ADDRESS	13655 NE 10TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				
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 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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Seymour Friedman (Seymour Friedman)</i>			Date: <i>2/15/04</i> Daytime Phone #: <i>305 931-5261</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							