FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 10 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728032 (4)

1. Corporation Name
GOLD COAST TOWERS - A CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
ONE SOUTH LAKESIDE DRIVE LAKE WORTH FL 33460	ONE SOUTH LAKESIDE DRIVE LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1973
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1509634 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

YOUNG, DOROTHY
1 SOUTH LAKESIDE DR, APT A-3
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: Brandt, Elma
82 Street Address (P.O. Box Number is Not Acceptable): 1 South Lakeside Dr. Apt E4
83 Lake Worth, Fl. 33460
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Elma Brandt (Elma Brandt, Treasurer) 2/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	YOUNG, DOROTHY	1.2 NAME	Hunt, Kenneth
STREET ADDRESS	1 S LAKESIDE DRIVE A-3	1.3 STREET ADDRESS	1 So. Lakeside Dr. C6
CITY-ST-ZIP	LAKE WORTH, FL 00000	1.4 CITY-ST-ZIP	Lake Worth, Fl. 33460
TITLE	SD	2.1 TITLE	SD ☐ Change ☐ Addition
NAME	RANTANEN, MYRTLE	2.2 NAME	Rantanen, Myrtle
STREET ADDRESS	1 S LAKESIDE DR A-4	2.3 STREET ADDRESS	1 So. Lakeside Dr. A4
CITY-ST-ZIP	LAKE WORTH, FL 00000	2.4 CITY-ST-ZIP	Lake Worth, Fl. 33460
TITLE	TD	3.1 TITLE	TD & VD ☒ Change ☐ Addition
NAME	BRANDT, ELMA	3.2 NAME	Brandt, Elma
STREET ADDRESS	1 S LAKESIDE DR E-4	3.3 STREET ADDRESS	1 So. Lakeside Dr. E4
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	Lake Worth, Fl. 33460
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNT, KENNETH	4.2 NAME	
STREET ADDRESS	1 S LAKESIDE DR C-6	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	200001404812
STREET ADDRESS		5.3 STREET ADDRESS	-02/14/95--01001--010
CITY-ST-ZIP		5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Elma Brandt (Elma Brandt) 2/3/95 407-588-0612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 2-10-95

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