

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **11/08/1973** 3a. Date of Last Report **02/10/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country  
24 25 29 30

## 9. Name and Address of Current Registered Agent

**BRANDT, ELMA  
1 SOUTH LAKESIDE DR.  
APT. E-4  
LAKE WORTH FL 33460**

## 10. Name and Address of New Registered Agent

81 Name **YOUNG, DOROTHY K.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1 SOUTH LAKESIDE DRIVE**  
83 **APT. A-3**  
84 City **LAKE WORTH** FL 85 Zip Code **33460**

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

(NOTE: Registered Agent signature required when reinstating)

2/9/96  
DATE

## 12. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | HUNT, KENNETH            |  |
| STREET ADDRESS | 1 S. LAKESIDE DRIVE, C-6 |  |
| CITY-ST-ZIP    | LAKE WORTH FL            |  |
| TITLE          | SD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | RANTANEN, MYRTLE         |  |
| STREET ADDRESS | 1 S. LAKESIDE DRIVE, A-4 |  |
| CITY-ST-ZIP    | LAKE WORTH FL            |  |
| TITLE          | TVD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BRANDT, ELMA             |  |
| STREET ADDRESS | 1 S. LAKESIDE DRIVE, E-4 |  |
| CITY-ST-ZIP    | LAKE WORTH FL            |  |
| TITLE          | VD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | HUNT, KENNETH            |  |
| STREET ADDRESS | 1 S. LAKESIDE DRIVE, C-6 |  |
| CITY-ST-ZIP    | LAKE WORTH FL            |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |   |
|--------------------|-----------------------------|---|
| 1.1 TITLE          | D                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | RITTER, COLIN               |   |
| 1.3 STREET ADDRESS | 1 SOUTH LAKESIDE DRIVE, D-1 |   |
| 1.4 CITY-ST-ZIP    | LAKE WORTH, FL              |   |
| 2.1 TITLE          | V                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | BRANDT, ELMA                |   |
| 2.3 STREET ADDRESS | 1 SOUTH LAKESIDE DRIVE, E-4 |   |
| 2.4 CITY-ST-ZIP    | LAKE WORTH, FL              |   |
| 3.1 TITLE          | S                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | WAGNON, ERIS                |   |
| 3.3 STREET ADDRESS | 1 SOUTH LAKESIDE DRIVE, D-6 |   |
| 3.4 CITY-ST-ZIP    | LAKE WORTH, FL              |   |
| 4.1 TITLE          | T                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | YOUNG, DOROTHY              |   |
| 4.3 STREET ADDRESS | 1 SOUTH LAKESIDE DRIVE, A-3 |   |
| 4.4 CITY-ST-ZIP    | LAKE WORTH, FL              |   |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | 500001756155                |   |
| 5.3 STREET ADDRESS | -03/25/96--01071--026       |   |
| 5.4 CITY-ST-ZIP    | ***61.25                    |   |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                             |   |
| 6.3 STREET ADDRESS |                             |   |
| 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: *Dorothy Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96  
Date

588-2768  
Daytime Phone #

CR2E037 (12/95)