

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90303 005 ****61.25

DOCUMENT # 751024

1. Entity Name
GOLDEN SAILS OWNERS' ASSOCIATION, INC.



Principal Place of Business
**111 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009**

Mailing Address
**111 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009**

60024522



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1968190

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NAGLIERI, ANTHONY N
111 GOLDEN ISLES DR
E-10
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name **Horizon Maintenance**
Street Address (P.O. Box Number is Not Acceptable) **5618 Hollywood Blvd**
City **Hollywood** FL Zip Code **33021**

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 **Dorothy D. Nardi, CAM Property Manager** DATE **3/25/06**
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	VENDETTI, CARMEN	
STREET ADDRESS	111 GOLDEN ISLES DR., B-10	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTH, GEORGE	
STREET ADDRESS	111 GOLDEN ISLES DR D-12	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NAGLIERI, ANTHONY N	
STREET ADDRESS	111 GOLDEN ISLES DR. E-10	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, DAMON	
STREET ADDRESS	111 GOLDEN ISLES DR. C-2	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERNINO, RITA	
STREET ADDRESS	111 GOLDEN ISLES DR. C-11	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose M. Nardi	
STREET ADDRESS	111 Golden Sails Dr. B6	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil Peskip	
STREET ADDRESS	111 Golden Sails Dr. F11	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert De Gennaro	
STREET ADDRESS	111 Golden Sails Dr. F7	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Cady	
STREET ADDRESS	111 Golden Sails Dr. D1	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harmon Madison	
STREET ADDRESS	111 Golden Sails G12	
CITY-ST-ZIP	Hallandale, FL 33009	
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 Chapter 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: **Philip Peskip** DATE **3/22/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR