

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90489 040 ****61.25

DOCUMENT # 758080

1. Entity Name
GOLDEN STRAND OCEAN VILLA RESORT ASSOCIATION, IN C.



Principal Place of Business
**17901 COLLINS AVE.
MIAMI BEACH FL 33160**

Mailing Address
**17901 COLLINS AVE.
MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2505293**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASERSTEIN, RICHARD
913 NORMANDY DRIVE
MIAMI BEACH FL 33141**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SHENK, JOHN**
STREET ADDRESS **PO BOX 40624**
CITY-ST-ZIP **NASHVILLE TN 37204**

TITLE **VP** ☐ Change ☒ Addition
NAME **COOKSON, JOHN**
STREET ADDRESS **13203 HERITAGE WOOD PL**
CITY-ST-ZIP **MIDLOTHIAN, VA 23112-4757**

TITLE **D** ☒ Delete
NAME **PATTERSON, WILLIAM**
STREET ADDRESS **26 ISLAND SHADOW**
CITY-ST-ZIP **FULTON NY 13069**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **LACROIX, YVAN**
STREET ADDRESS **527 DES HAUTES PLAINES**
CITY-ST-ZIP **HULL, PQ J82 2H8 CANADA**

TITLE **VP** ☐ Delete
NAME **FELDMAN, JOSEPH**
STREET ADDRESS **32 W 260 83RD ST**
CITY-ST-ZIP **NAPERVILLE IL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Joseph Feldman**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
NAME **CUERRIER, MA**
STREET ADDRESS **35 RUD DI AVERGNE**
CITY-ST-ZIP **GATINEAU, QUEBEC**

TITLE **D** ☐ Change ☒ Addition
NAME **TESSIER, JEAN PAUL**
STREET ADDRESS **2100 CARNEGIE**
CITY-ST-ZIP **OTTAWA, ON K1G 2V5**

TITLE **P** ☒ Delete
NAME **CAPOZZOLO, FRANK**
STREET ADDRESS **6540 COUTURE, #4**
CITY-ST-ZIP **ST. LEONARD QU**

TITLE **D** ☐ Change ☒ Addition
NAME **TEICHMANN, WILLIAM**
STREET ADDRESS **2756 COLONIAL AVE.**
CITY-ST-ZIP **MERRICK, NY 11566**

TITLE **D** ☒ Delete
NAME **CAVALLO, ST**
STREET ADDRESS **1495 3RD AVENUE**
CITY-ST-ZIP **NEW YORK NY 10028**

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: **Signature Required**

1/6/03 (605) 931-7000

CR2E037 (10/02)