

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769015 (9)
1. Corporation Name

GOLDEN ISLES LAKES CONDOMINIUM, INC.



Principal Place of Business: 1900 DIANA DR. HALLANDALE FL 33009
Mailing Address: 1900 DIANA DR. HALLANDALE FL 33009

3. Date Incorporated or Qualified: 06/21/1983
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-2702934
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
CATANIA, CHERYL L.
1900 DIANA DR.
APT. 1-B
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name: ANTHONY CAPURSO
82 Street Address (P.O. Box Number is Not Acceptable): 1900 DIANA DR.
83 APT 2-E
84 City: HALLANDALE FL 85 Zip Code: 33009

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: [Signature] DATE: 5-1-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CATANIA, CHERYL L.	
STREET ADDRESS	1900 DIANA DR. APT. 1-B	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YEWCHYN, ROMAN	
STREET ADDRESS	1900 DIANA DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YEWCHYN, CONNIE	
STREET ADDRESS	1900 DIANA DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CATINELLA, MADELINE	
STREET ADDRESS	1900 DIANA DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CATANIA, MARK	
STREET ADDRESS	1900 DIANA DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANTHONY CAPURSO	
1.3 STREET ADDRESS	1900 DIANA DR. APT 2-E	
1.4 CITY-ST-ZIP	HALLANDALE, FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WANDA O. GONZALEZ	
2.3 STREET ADDRESS	1900 DIANA DR APT 1-C	
2.4 CITY-ST-ZIP	HALLANDALE, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA S. FRANCESCHINI	
3.3 STREET ADDRESS	1900 DIANA DR. APT 1-A	
3.4 CITY-ST-ZIP	HALLANDALE, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGE GONZALEZ	
4.3 STREET ADDRESS	1900 DIANA DR.	
4.4 CITY-ST-ZIP	HALLANDALE, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARY ROTSCHER	
5.3 STREET ADDRESS	1900 DIANA DR	
5.4 CITY-ST-ZIP	HALLANDALE, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400001866294	
6.3 STREET ADDRESS	-06/19/96--01014--0245-1-96	
6.4 CITY-ST-ZIP	***61.25	

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: [Signature] WANDA O. GONZALEZ, TREASURER/DIRECTOR, 4/30/96, 954-458-2750

CR2E037 (12/95)