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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 769015 (9)

1. Corporation Name
GOLDEN ISLES LAKES CONDOMINIUM, INC.



Principal Place of Business Mailing Address
1900 DIANA DRIVE HALLANDALE FL 33009
1900 DIANA DRIVE HALLANDALE FL 33009-4715

3. Date Incorporated or Qualified 06/21/1983
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 1900 DIANA DR.
22 Suite, Apt. #, etc.

23 City & State Hallandale, Florida
24 Zip 33009 25 Country USA

26 Mailing Address
27 Suite, Apt. #, etc.

28 City & State
29 Zip 30 Country

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

9. Name and Address of Current Registered Agent
CAPURSO, ANTHONY
1900 DIANA DRIVE
APT. 2-E
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name WANDA O. GONZALEZ
82 Street Address (P.O. Box Number is Not Acceptable) 1900 DIANA DR. APT. C-1
83
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 1-13-97
(NOTE: Registered Agent signature required when reinstating)

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Rows include PD ACPURSO, ANTHONY; TD GONZALEZ, WANDA O.; SD FRANCESHINI, MARIA S.; D GONZALEZ, GEORGE; and D ROTSCHER, MARY.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a Change/Addition checkbox. Rows include PD WANDA O. GONZALEZ and four 'SAME' entries.

14. I do 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 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] DATE 1-13-97 (954) 457-7543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)