


**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90111 042 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N00000005484</b>			
1. Entity Name GOLDEN LAKES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 473 GOLDEN ISLE #301 HALLANDALE, FL 33009		Mailing Address 473 GOLDEN ISLE #301 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAGAN, PINI 473 GOLDEN ISLE #402 HALLANDALE, FL 33009		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>P. Dagan, President</i>		DATE <i>04/19/08</i>	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	TITLE	
NAME	TENENBAUM, ROSE	NAME	
STREET ADDRESS	473 GOLDEN ISLES #402	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	FLETCHER, JACQUELINE	NAME	
STREET ADDRESS	473 GOLDEN ISLES DRIVE, #201	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	PINTEL, ALEXANDER	NAME	
STREET ADDRESS	473 GOLDEN ISLES DR. # 301	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	THECKSTON, JAMES	NAME	
STREET ADDRESS	473 GOLDEN ISLES DR. #202	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	DAGAN, PINI	NAME	
STREET ADDRESS	473 GOLDEN ISLES DR. #401	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	FERNANDEZ, ROBERTO	NAME	
STREET ADDRESS	473 GOLDEN ISLES DR, # 302	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <i>P. Dagan</i>		DATE <i>05/17/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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01122008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1131652 Applied For Not Applicable

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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