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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90045 033 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N01691**

1. Corporation Name

**GOODLAND ISLES #3, INC.**

Principal Place of Business

% CURCIE BROTHERS  
BOX 248  
HALLANDALE FL 33008

Mailing Address

% CURCIE BROTHERS  
BOX 248  
HALLANDALE FL 33008



2. Principal Place of Business *Goodlyn, LLC*

21 *123 Quincy Circle*  
Suite, Apt. #, etc.

22

City & State

23 *Santa Rosa Beach FL*

Zip Country

24 *32459* 25 *USA*

2a. Mailing Address *Goodlyn, LLC*

26 *P.O. Box 4733*

Suite, Apt. #, etc.

27

City & State

28 *Santa Rosa Beach, FL*

Zip Country

29 *32459* 30 *USA*

3. Date Incorporated or Qualified

*02/28/1984*

4. FEI Number

*65-0861428*

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

9. Name and Address of Current Registered Agent

HILL, MICHAEL W  
4000 N. FEDERAL HWY.  
SUITE 201  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name *Sandra Fiske*

82 Street Address (P.O. Box Number is Not Acceptable)

*985 Aqua Circle*

83

84 City *Naples*

FL 85 Zip Code

*34102*

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 *Sandra Fiske*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/26/99*

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CURCIE, NADINE  
STREET ADDRESS 5990 S.W. 82ND AVENUE  
CITY-ST-ZIP DAVIE FL 33314

TITLE STD ☒ DELETE

NAME BARRIOS, ROSE  
STREET ADDRESS 1048 S.W. 2ND STREET  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE VD ☒ DELETE

NAME CURCIE, JOSEPH  
STREET ADDRESS BOX 126, N/A  
CITY-ST-ZIP GOODLAND FL 33933

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☐ Change ☒ Addition

1.2 NAME *Sandra Fiske*  
1.3 STREET ADDRESS *985 Aqua Circle*  
1.4 CITY-ST-ZIP *Naples, FL 34102*

2.1 TITLE VPD ☐ Change ☒ Addition

2.2 NAME *Richard Fiske*  
2.3 STREET ADDRESS *985 Aqua Circle*  
2.4 CITY-ST-ZIP *Naples, FL 34102*

3.1 TITLE STD ☐ Change ☒ Addition

3.2 NAME *Paul Fiske*  
3.3 STREET ADDRESS *985 Aqua Circle*  
3.4 CITY-ST-ZIP *Naples, FL 34102*

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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; with all other like empowered.

SIGNATURE: *Sandra Fiske* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/99*

Date

*941-262-4861*

Daytime Phone #

CR2E037 (11/98)