



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 032 \*\*\*\*61.25

DOCUMENT # N03000002421					
<b>1. Entity Name</b> GOLDEN HEIGHTS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> P.O. BOX 100231 FORT LAUDERDALE, FL 33310-0231			<b>Mailing Address</b> P.O. BOX 100231 FORT LAUDERDALE, FL 33310-0231		
<b>2. Principal Place of Business - No P.O. Box #</b> 2600 NW 16th Street		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> Fort Lauderdale, FL		<b>City &amp; State</b> Fort Lauderdale, FL		<b>4. FEI Number</b> 27-0093221	
<b>Zip</b> 33311		<b>Country</b> Broward		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LEWIS, MAGDALENE 1031 NW 24TH TERRACE FORT LAUDERDALE, FL 33311			<b>7. Name and Address of New Registered Agent</b> Name: Lewis Magdalene Street Address (P.O. Box Number is Not Acceptable): 2600 NW 16th Street City: Fort Lauderdale FL Zip Code: 33311		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> LEWIS, MAGDALENE J	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2600 NW 16TH STREET			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b> FT LAUDERDALE, FL 33311			<b>CITY - ST - ZIP</b> 		
<b>TITLE</b> VD	<b>NAME</b> HEARNS, LILLIAN G	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2450 NW 16 ST			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b> FT LAUDERDALE, FL 33311			<b>CITY - ST - ZIP</b> 		
<b>TITLE</b> TD	<b>NAME</b> KENNEDY, ARTHUR	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1631 NW 24 TERRACE			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b> FT LAUDERDALE, FL 33311			<b>CITY - ST - ZIP</b> 		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 2601 NW 16th Street		
<b>CITY - ST - ZIP</b> 			<b>CITY - ST - ZIP</b> Fort Lauderdale, FL 33311		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> Jackson, Lillie		
<b>CITY - ST - ZIP</b> 			<b>CITY - ST - ZIP</b> 2520 NW 16th Street		
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 		
<b>CITY - ST - ZIP</b> 			<b>CITY - ST - ZIP</b> 		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE</b> Magdalene J. Lewis Magdalene J. Lewis 4/25/08 (954) 789-4964					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					