

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011970

FILED
Jan 25, 2007
Secretary of State

Entity Name: GOLDEN DREAMS CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

65 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

ALBERT CORRADA, CPA
6905 CORSICA STREET
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-1440286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRADA, ALBERT CPA
6905 CORSICA STREET
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILLSTROM, CHRISTINE
Address: 65 WASHINGTON AVE. #7
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: SD () Delete
Name: ATANASOVA, DANIELLE
Address: 65 WASHINGTON AVE. # 5
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD () Delete
Name: KICK, JASON
Address: 65 WASHINGTON AVE. # 12
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FINE, ISABEL
Address: 360 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33156-235 US

Title: SD (X) Change () Addition
Name: TRUEBA, MARTA
Address: 9535 SW 16TH STREET
City-St-Zip: MIAMI, FL 33165 US

Title: TD (X) Change () Addition
Name: ALVAREZ, SYLVIA
Address: 1000 S. POINTE DR, #305
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL FINE

PD

01/25/2007

Electronic Signature of Signing Officer or Director

Date