2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2007
Secretary of State

DOCUMENT# N04623

Entity Name: GOLD COAST TRAVEL INDUSTRY ASSOCIATES, INC.

Current Principal Place of Business:

2625 MANGO CREEK LANE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

2625 MANGO CREEK LANE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 59-2510469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARM, ANITA TREASUR
2625 MANGO CREEK LANE
BOYNTON BEACH, FL 33436 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:	SIEGEL, WALLY PRES	
Address:	5010 BANYAN LANE	
City-St-Zip:	TAMARAC, FL 33319	
Title:	VD	( ) Delete
Name:	BROWN, JACK	
Address:	2185 COMMERCIAL BLVD	
City-St-Zip:	FT LAUDERDALE, FL 33308	
Title:	VD	( ) Delete
Name:	MENAHEM, NOEMIE	
Address:	21218 ST ANDREWS BLVD	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	TD	( ) Delete
Name:	KARM, ANITA	
Address:	2625 MANGO CREEK LANE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	SD	( ) Delete
Name:	TANNEBAUM, GWENN	
Address:	3761 W VALLEY GREEN DR	
City-St-Zip:	DAVIE, FL 33328	
Title:	D	( ) Delete
Name:	CRUTCHFIELD, AMY	
Address:	16503 SW 2ND DRIVE	
City-St-Zip:	PEMBROKE PINES, FL 33027	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ANITA KARM TD 02/17/2007

Electronic Signature of Signing Officer or Director — Date