2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

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DOCU 1. Entity Nam GOLDEN INC.			Secretary of State 04-18-2005 90284 037 ****61.25							
C/O UNITED REALTY C/O 3300 UNIV. DRIVE # 40 5 - 330 -CORAL SPRINGS, FL - 33065 COR		Mailing Address C/O UNITED REALTY 3300 UNIV: DRIVE #405 CORAL-SPRINGS, FL-330	/O UNITED REALTY 300 UNIV. DRIVE #405 D RAL SPRINGS, FL 330 65			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
11784	lace of Business W. Sample Rd	3. Mailing Address	11784 W. Sanple Pd. Suite, Apt. #, etc.							
Suite, Apt.		. ,			02162005	Chg-NP	CR2E0	37 (10/03)		
Coral Springs, FL (City & State Corol Sprin	oral Springs, FL		4. FEI Number 59-2464392			<u> </u>	plied For t Applicable	
Zip 3.20	CES N Chuntry	23 Cus (33065			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						ddress of New	Registered	Agent		
UNITED COMM MGT CORP Street Address						nunity is Not Acceptat	MGm	+ Cor	P	
CORAL SPRINGS, FL 33065			11-	Sell	1 2 6			1		
			City	184	∠ ريا	imple	<u>Koci</u>	Zig Cod	θ, ,	
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. SIGNATORE PUBLIC FOR THE CONTROL SIGNATORE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee Is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be			k payable t tment of S		
10.	OFFICERS AND DIR	ECTORS	11.	AD	DITIONS/CHAI	NGES TO OFFIC	ERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCARDLE, GEORGE 3651 CARAMBOLA CIRCLE N. COCONUT CREEK, FL 33066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUERRY, JEAN 3647 CARAMBOLA CIRCLE NOR COCONUT CREEK, FL 33066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARDITY, EYAL 7852 NW 62 TERR PARKLAND, FL 33067	⊠ Delete	NAME		Carambo	rel Na Circle n FL 330		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIED, ELAINE 3745 CARAMBOLA CIR N COCONUT CREEK, FL 33066	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kallwi 3603	tz Cam		a No.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEMELBAUM, LARRY 3809 CARAMBOLA CIRCLE N. COCONUT CREEK, FL 33066	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lar Sar	ry Le	melb	Z U 177	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dellete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report intrue 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 AND ATTHED HAME OF SIGNING OFFICER OR D