

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010373

FILED
May 01, 2009
Secretary of State

Entity Name: GOLDCREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

651 NW 42 CT.
POMPANO BEACH, FL 33064

New Principal Place of Business:

651 NW 42 CT.
POMPANO BEACH, FL 33064 US

Current Mailing Address:

900 W 49 STREET, STE 220
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 26-3178657 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMON, STEVE
651 NW 42 CT.
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

DELATORRE, CLEMENTE J
900 W 49 ST
STE 220
HIALEAH, FL 33012 US

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: CLEMENTE J. DELATORRE

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SIMON, STEVE
Address: 651 NW 42 CT.
City-St-Zip: POMPANO BEACH, FL 33064

Title: DVS () Delete
Name: CHIRLA, IONEL
Address: 651 NW 42 CT.
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: CHIRLA, DORINA
Address: 651 NW 42 CT.
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SANCHEZ, RENE
Address: 651 NW 42 CT.
City-St-Zip: POMPANO BEACH, FL 33064

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 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: RENE SANCHEZ

DPT

05/01/2009

Electronic Signature of Signing Officer or Director

Date