

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90182 042 ****61.25

DOCUMENT # N10754 1. Entity Name GOLDEN ISLES TOWERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7071 W COMMERCIAL BLVD. 2B TAMARAC, FL 33319		Mailing Address 7071 W COMMERCIAL BLVD. 2B TAMARAC, FL 33319	
2. Principal Place of Business - No P.O. Box # 120-126 Golden Isles DR.		3. Mailing Address Sunkae Management	
Suite, Apt. #, etc. OFFICE - 126 Golden Isles DR.		Suite, Apt. #, etc. 6915 TAFT STREET	
City & State HALLANDALE BEACH FL		City & State HOLLYWOOD FL	
Zip 33009	Country USA	Zip 33024	Country
4. FEI Number 59-1196954		Applied For- <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNRAE PROPERTY MANAGEMENT 7071 W COMMERCIAL BLVD. SUITE 2B TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name Sunkae Management Street Address (P.O. Box Number is Not Acceptable) 6915 TAFT STREET City HOLLYWOOD FL Zip Code 33024	
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. SIGNATURE J Goldberg (NOTE: Registered Agent signature required when reinstating) DATE 4/26/08			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPPALARDO, JOSEPH 126 GOLDEN ISLES DR #63A HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDUCK, JOHN 120 GOLDEN ISLES DRIVE 32B HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIZOGGIO, ALFRED 120 GOLDEN ISLES DRIVE 43B HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, RALPH 120 GOLDEN ISLES DR #54B HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, CARLOS 120 GOLDEN ISLES DRIVE 52-B HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE Ralph Kennedy		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ralph Kennedy	
Date 4-29-08		Daytime Phone # 954-455-0166	