

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10754

FILED
Apr 21, 2010
Secretary of State

Entity Name: GOLDEN ISLES TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

102-126 GOLDEN ISLES DR
OFFICE 126 GOLDEN ISLES DR
HALLANDALE, FL 33009

New Principal Place of Business:

10081 PINES BLVD
SUITE # E-1
PEMBROKE PINES, FL 33024

Current Mailing Address:

SUNRAE MGMNT
6915 TAFT ST
HOLLYWOOD, FL 33024

New Mailing Address:

10081 PINES BLVD
SUITE # E-1
PEMBROKE PINES, FL 33024

FEI Number: 59-1196954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNRAE PROPERTY MANAGEMENT
6915 TAFT ST
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

ELITE MANAGEMENT ASSOCIATES INC.
10081 PINES BLVD.
SUITE # E-1
PEMBROKE PINES, FL 33024 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: GLORIA DONNELLI

04/21/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SIMMONS, CARLOS
Address: 10081 PINES BLVD SUITE # E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D
Name: MCCANN, WILLIAM
Address: 10081 PINES BLVD SUITE # E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: T
Name: JAEN, ENEIDA
Address: 10081 PINES BLVD SUITE # E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D
Name: TYNDLE, JANICE
Address: 10081 PINES BLVD. SUITE#E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: S
Name: CARLINO, JOYCE
Address: 10081 PINES BLVD. # E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D
Name: PANCZA, ROBERT
Address: 10081 PINES BLVD SUITE# E-1
City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby 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 all other like empowered.

SIGNATURE: CARLOS SIMMONS

PRES

04/21/2010

Electronic Signature of Signing Officer or Director

Date