2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13182

1. Entity Name

Principal Place of Business

GOLDEN ISLES PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.



Mailing Address

C/O PATRICK WILLIAMS 501 GOLDEN ISLES DR 201F HALLANDALE, FL 33009 US C/O PATRICK WILLIAMS 501 GOLDEN ISLES DR 201F HALLANDALE, FL 33009 US

FILED May 04, 2006 08:00 AM Secretary of State



 5PACE
 05012006 No Chg-NP
 CR2E037 (4/06)

 4. FEI Number
 Applied

 59-2661804
 Not Applied

5. Certificate of Status Desired

\$8.75 Addition-Fee Required

DO NOT WRITE IN THIS SPACE

6.	Name	and Add	ress of	Current	Registered	Agent

WILLIAM, PATRICK 1985 SO OCEAN DRIVE APT 16Q HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the lions of registered agent.	purpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of F	Florida. 1 am familiar with, and a
SIGNATURE	Signature, typed or printed name of registered agent and title	II applicable. (NOTE: Registered	Agent signature	required when reinstalling)		DATE
	Filing Fee is \$61,25 Due by May 1, 2006	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, PATRICK 1985 SO OCEAN DRIVE APT 16 Q HALLANDALE, FL 33009				U00000562	32 9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPETON, ANDERSON 2721 SW 133RD AVE MIRAMAR, FL 33027			135.	/19/06-800	32 9 51-016 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, TREVOR 8452 WINDSON DRIVE MIRAMAR, FL 33025	:		DO	NOT V	VRITE
TITLE NAME STREET ADDRESS DITY-ST-ZIP				IN	THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the collaborated	certify that the information supplied with this on this report or supplemental report is true reporation or the receiver of trustee empowers or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signate do to execute this report as require the like empowered.	mptions cor are shall haved by Chap	ntained in Chapter 11: re the same legal effecter 617, Florida Statute	9, Florida Statutes ct as if made unde es, and that my na	. I further certify that the information oath; that I am an officer or direme appears in Block 10 or Block