

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13182

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** GOLDEN ISLES PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2661804 **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:**

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, PATRICK  
Address: 1985 SO OCEAN DRIVE APT 16 Q  
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete  
Name: HOPETON, ANDERSON  
Address: 2721 SW 133RD AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: VD (X) Delete  
Name: WALKER, TREVOR  
Address: 8452 WINDSON DRIVE  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAANI WILSON

MGR

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date