FILE NOW: FILING FEE IS $61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25975

1. Corporation Name: GOLF COLONY HOMEOWNERS ASSOCIATION INC

Principal Place of Business: C/O CUSTOM PROPERTY MANAGEMENT 2328 SO. CONGRESS SUITE 2A WEST PALM BEACH, FL 33406

Mailing Address:

3. Date Incorporated or Qualified: 4/88

4. FEI Number: 650198704 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C/O SAX & SACHS & KLEIN PA.
301 YAMATO RD SUITE 4150
BOCA RATON FL 33431
LARRY Z. GLICKMAN, ESQ.

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections ~~617.0502 and 617.1508~~, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X [signature] 5/12/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. DIRECTOR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS STEIN		1.2 NAME	
STREET ADDRESS	6055 GOLF VILLAS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		1.4 CITY-ST-ZIP	
TITLE	V.P. DIRECTOR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DON POWERS		2.2 NAME	
STREET ADDRESS	12451 POGLEG DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP	
TITLE	TREASURER DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL SCHNEIDER		3.2 NAME	
STREET ADDRESS	6119 PITCH LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		3.4 CITY-ST-ZIP	
TITLE	SECRETARY DIRECTOR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLIE RUBINOVITZ		4.2 NAME	
STREET ADDRESS	6032 GOLF VILLAS DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KENNETH LASSITER		5.2 NAME	
STREET ADDRESS	6131 HOOK LN		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Daniel Schneider 4/16/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #