FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

N32308

(1)

GOLD COAST AUBURN CLUB, INC.					
Principal Place	of Business	Mailing Address			AN OLON DIGIK BININ DININ OLON DININ DININ
% DON WORKS 2023 N.E. 30TH STREET FORT LAUDERDALE FL 33306		% DON WORKS 2023 N.E. 30TH STREET FORT LAUDERDALE FL 33306			
				3. Date Incorporated or Qualified 05/15/1989	3a. Date of Last Report 06/15/1995
	ace of Business	2a, Mailing Address 26 % Don U	- Na-ke	4. FEI Number 65-0131468	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	~~~ +2		\$8.75 Additional
	N.E. 19th Terrace		19th Taxxacc	5. Certificate of Status Desired	Fee Required
City & State		City & State 28 Ft. Laudes	Dole, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33'	Country 25	Zip 29 33308 3	Country 30	8. This corporation has liability for int	tangible tax under s. 199.032, Yes XNo
	9, Name and Address of Curren		1	10. Name and Address of New Re	
		<u> </u>	81 Name	works, Donald C.,	<i>"III"</i>
WORKS, DONALD C., III			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
	30TH STREET			810 N.E. 19th Te	77062
FURI LA	NUDERDALE FL 33306		83		
			84 City F+	1 = = 0 = 0 = 0 =	FL 85 Zip Code 33368
11. Pursuant to	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the purpo	ose of changing its registered office
or registere	ed agent, or both, in the State of Florid th, and accept the obligations of, Sect	da. Such change was authorized	by the corporation's boa	ard of directors. I hereby accept the appoir	ntment as registered agent. I am
SIGNATURE	Do- (20)	Tr, Eclor	easures/	Registered Agen	L 4127196
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature require 13.	od when rein (Alarg) ADDITIONS/CHANGES TO OF FIC	FATE
TITLE	DS	DELETE	1.1 TITLE	AUDITIONS OF INTRED TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	WEBSTER, PAUL		1.2 NAME		
STREET ADDRESS	712 NW 91 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP		ļ
TITLE	DP	DELETE	2:1 TITLE		Change Addition
NAME	CRAWFORD, MITCH		2.2 NAME		
STREET ADDRESS	6073 NW 3 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063	C OC ST	2.4 CITY-ST-ZIP	······································	
TITLE	YOST, SCOTT	DELETE	3.1 TITLE		Change Addition
NAME	6759 N KENDALL DR		3.2 NAME		
STREET ADORESS	MIAMI FL 33156		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DT	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	WORKS, DONALD C., III		4. 2 NAME		Zonange
STREET ADDRESS	2023 NE-SO STREET			810 N.E. 1941 Tas	race
City-St-Zip	FORT LAUDERDALE FL 33300	5		t. Lambor Dala	
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			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	andif, that the lefttime are all and	of the thin films in the stant.	6.4 CITY-ST-ZIP	to the element of the district	VOIAN Flacide Chat Acc 14 40 -
certify that oath; that I	the information indicated on this annu	ial report or supplemental ann ual ration or the receiver or tru ste e er	report is true and accura repowered to execute the	or the exemption stated in Section 119.07 ate and that my signature shall have the sa is report as required by Chapter 617, Flori	me legal effect as if made under

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 954-527-2432
Date Dayline Phone #