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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32308 (1)
1. Corporation Name
GOLD COAST AUBURN CLUB, INC.



Principal Place of Business % DON-WORKS 5810 NE 19TH TERRACE FORT LAUDERDALE FL 33308 46-	Mailing Address % DON-WORKS 5810 NE 19TH TERRACE FORT LAUDERDALE FL 33308 46-
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3. Date Incorporated or Qualified
05/15/1989

4. FEI Number
65-0131468

Applied For	
Not Applicable	

2. Principal Place of Business 21 460 South A1A	2a. Mailing Address 25 460 South A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22 DEERFIELD BEACH, FL.	City & State 26 DEERFIELD BEACH, FL.
Zip 23 33441	Country 27 BROWARD
Country 24 BROWARD	Zip 28 33441
Country 29 BROWARD	Zip 30 33441

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
**WORKS, DONALD O., III
5810 NE 19TH TERRACE
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name BRIAN DAVIS
82 Street Address (P.O. Box Number is Not Acceptable) 460 SOUTH A1A
83
84 City DEERFIELD BEACH FL
85 Zip Code 33441

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 **Brian K. Davis** **RESIDENT** **1/22/98**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DS	NAME WEBSTER, PAUL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 712 NW 91 TERRACE	CITY-ST-ZIP PLANTATION FL 33324	
TITLE DP	NAME DAVIS, BRIAN	<input type="checkbox"/> DELETE
STREET ADDRESS 460 SOUTH A1A	CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE DVP	NAME YOST, SCOTT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 6750 N KENDALL DR	CITY-ST-ZIP MIAMI FL 33138	
TITLE DT	NAME WORKS, DONALD O., III	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5810 NE 19TH TERR	CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS	1.2 NAME LAUCIK STOUT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 2605 NW 80TH AVE.	1.4 CITY-ST-ZIP MARGATE, FL. 33063	
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE DVP	3.2 NAME Scott Cox	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 783 SE 10TH AVE	3.4 CITY-ST-ZIP DEERFIELD BEACH, FL. 33441	
4.1 TITLE DT	4.2 NAME KARIN DAVIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS 460 South A1A	4.4 CITY-ST-ZIP DEERFIELD BEACH, FL. 33441	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

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: **Brian K. Davis** **3/27/98**

CR2E037 (10/97)