FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000087301 (6)

GOLDSTICK HOUSING VENTURE, INC.

Principal Place of Business

Mailing Address



121 EMERALD KEY LANE PALM BEACH GARDENS FL 33418			121 EMERALD KEY L PALM BEACH GARDE					
					3. Date Incorporated or Qualified 12/22/1993	3a. Date o	of Last Re /08/199	•
2. Principal Place of Business			2a. Mailing Address		4. FEI Number		A	oplied For
21 26 St. George Place			26 26 St. George Place		65-0481351			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	Beach Garde	ns Fl	City & State 28 Palm Beach	Gardens, Fl	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 33418	Countr		Zip 29 33418	Country 30 USA	8. This corporation has liability for i		under s	199.032,
24 00120	g. Name and Addre				10. Name and Address of New R	egistered A	gent	
400 EAS SUITE 40 ORLAND	N, JAMES A T SOUTH STREET Of 1 O FL 32801 Little provisions of Sector of Sector of Sector of North, in the	ons 607.0502 ar State of Florida.	nd 607.1508, Florida Stati Such change was author	83 64 City	oration submits this statement for the purpord of directors. I hereby accept the appropriate the purpord of directors.	FL	cino ito r	o Code egistered office agent. I am
ta hillar with	n, and accept he obligh	1741		PS. IOTE: Registered Agent signature requ	9	1/22/9 DATE	16	
		OFFICERS AND [13.	ADDITIONS/CHANGES TO OFF		DIBECTO	RS IN 12
12.	D	JI HOLHO AND L	DELETE	1. 1 3ITLE	7,001110110110110110110110110110110110110		Change	☐ Addition
	•	LUD C		1.2 NAME				_
NAME	GOLDSTICK, PHI			1.3 STREET ADDRESS	26 St. George Place			
STREET ADDRESS	121 EMERALD K		140	1	Palm Beach Gardens.	EI 22/11	10	
CITY-ST-ZIP	PALM BEACH G	AMDENS PL 33	PA 10	1.4 C/TY - ST - Z/P 2 1 T/TLE	Palli Deach Gardens.		Change	Addition
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NAME				2.2 NAME				
STREET ADDRESS				2 3 STREET ADDRESS				
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NAME				3.2 NAME				
STREET ADDRESS				3.3. STREET ADDRESS				
CITY-ST-ZIP			F3 05: 535	3.4 CITY-S1-ZIP			1 Change	[] Addition
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NAME				4.2 NAME				
STHEET ADDRESS				4.3 STREET ADDRESS				
CITY - ST - ZIP				4.4 CHTY - ST - ZIP			3.00	
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NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZIP				6.4 CITY - ST - ZIP				
14 Ldo bereb	v certify that the inform	ation supplied wit	th this filing is voluntarily fu	mished and does not qualif	y for the exemption stated in Section 119	.07(3)(k), Flor	ida Statu	tes. I further

roo hereby certify that the information supplied with this tiling is voluntarily lumished and boos not qualify for the exemption stated in Section 1.19.07(5)(k), Florida Statutes. Turner 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 607, Florida Statutes; and that my name appears in Block 12 or Block 19 it changed, or or an attachment with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR