

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036997

FILED
Jul 13, 2007
Secretary of State

Entity Name: GOLAN PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

LUANI PLAZA
1454 KENNEDY D2
KEY WEST, FL 33040

New Principal Place of Business:

COURTHOUSE BUSINESS CENTER
302 SOUTHARD STREET #104
KEY WEST, FL 33040

Current Mailing Address:

LUANI PLAZA
1454 KENNEDY DR
KEY WEST, FL 33040

New Mailing Address:

KEY WEST BEACH CLUB II
1500 ATLANTIC BLVD. #409
KEY WEST, FL 33040

FEI Number: 65-0755339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLAN, KEITH
1454 KENNEDY DR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

GOLAN, KEITH PRES
KEY WEST BEACH CLUB II
1500 ATLANTIC BLVD. #409
KEY WEST, FL 33040 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: KEITH GOLAN

07/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLAN, KEITH PRES
Address: 1500 ATLANTIC BLVD #409
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: GOLAN, RALPH VP
Address: 7020 18TH NE
City-St-Zip: SEATTLE, WA 98115

Title: D (X) Delete
Name: GOLAN, MARIANNE VP
Address: 651 W KILKEA DR
City-St-Zip: LOS ANGELES, CA 90048

Title: MRS (X) Delete
Name: GOLAN, DONNA SEC/TRE
Address: 1500 ATLANTIC BLVD. #409
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: GOLAN, KEITH PRES
Address: 1500 ATLANTIC BLVD #409
City-St-Zip: KEY WEST, FL 33040

Title: MRS. (X) Change () Addition
Name: GOLAN, DONNA SEC/TRE
Address: 1500 ATLANTIC BLVD. #409
City-St-Zip: KEY WEST, FL 33040

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH GOLAN

PRES

07/13/2007

Electronic Signature of Signing Officer or Director

Date