


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90032 014 ****61.25

DOCUMENT # 751024					
1. Entity Name GOLDEN SAILS OWNERS' ASSOCIATION, INC.					
Principal Place of Business 111 GOLDEN ISLES DRIVE HALLANDALE, FL 33009			Mailing Address 111 GOLDEN ISLES DRIVE HALLANDALE, FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NAGLIERI, ANTHONY N 111 GOLDEN ISLES DR E-10 HALLANDALE, FL 33009				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Anthony N. Naglieri</i>			DATE <i>2/17/05</i>		(NOTE: Registered Agent signature required when reinstating)
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENDETTI, CARMEN			NAME	
STREET ADDRESS	111 GOLDEN ISLES DR., B-10			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENWARD, ROBERT DE			NAME	
STREET ADDRESS	111 GOLDEN ISLES DR.			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTH, GEORGE			NAME	
STREET ADDRESS	111 GOLDEN ISLES DR D-12			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGLIERI, ANTHONY N			NAME	
STREET ADDRESS	111 GOLDEN ISLES DR. E-10			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DAMON			NAME	
STREET ADDRESS	111 GOLDEN ISLES DR. C-2			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNINO, RITA			NAME	
STREET ADDRESS	111 GOLDEN ISLES DR. C-11			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Anthony N. Naglieri</i>			DATE: <i>2/17/05</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1968190

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required