


APPROVAL
 AND
 FILED
 03-08-2007 9:00:19 049 *****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

07 APR 17 AM 9:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1968190		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HORIZON MAINTENANCE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Filing Fee is \$61.25 Due by May 4, 2007		E. 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 VENDETTI, CARMEN 111 GOLDEN ISLES DR., 8-10 HALLANDALE, FL 33009 <i>MAINTENANCE</i>	TITLE	VP Carol Shaheen 111 Golden Isles Dr. Hallandale Fl. 33009 <i>VICED PRESIDENT</i>
TITLE	VP PESKIP, PHIL 111 GOLDEN SANDS DR, P11 HALLANDALE, FL 33009	TITLE	S Albert Gonzales 111 Golden Isles Dr/ Hallandale Fl. 33009 <i>SECRETARY</i>
TITLE	T DEGENARO, ROBERT 111 GOLDEN SANDS DR, F1 HALLANDALE, FL 33009 <i>TREASURER</i>	TITLE	D Boris Dash 111 Golden Isles Dr/ Hallandale Fl. 33009 <i>INSURANCE MAINTENANCE</i>
TITLE	P CODY, RICHARD 111 GOLDEN SAND DR, D1 HALLANDALE, FL 33009 <i>PRESIDENT</i>	TITLE	D MAULEEN CHERONY 111 GOLDEN ISLES DR HALLANDALE FL 33009 <i>ASSISTANT SECRETARY</i>
TITLE	D MADISON, LAURA 111 GOLDEN STE G12 HALLANDALE, FL 33009	TITLE	
TITLE		TITLE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Carmen Venditti</i>		CARMEN VENDETTI 2/21/07 954-418-3868	

Document corrected per Eileen Pena. *ESC*