


FILED
Jun 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 018 ****61.25
03-08-2007 90019 049 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 751024			
1. Entity Name GOLDEN SAILS OWNERS' ASSOCIATION, INC.			
Principal Place of Business 111 GOLDEN ISLES DRIVE HALLANDALE FL 33009 US		Mailing Address 111 GOLDEN ISLES DRIVE HALLANDALE FL 33009 US	
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 Delete HORIZON MAINTENANCE 5818 HOLLYWOOD BLVD HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Robert Kaye & Associates Street Address (P.O. Box Number is Not Acceptable) 6261 Northwest 20th Way Suite 1103 City Fort Lauderdale FL Zip Code 33309	
6. 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>Robert Kaye</i> President		DATE 6-6-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY-STATE-ZIP	D VENDETTI, CARMEN 111 GOLDEN ISLES DR # B-10 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S Asaf Glikstein 111 Golden Isle Dr. D-2 Hallandale, FL 33009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V SHAHEEN, CAROL 111 GOLDEN ISLES DR HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T DEGENNARO, ROBERT 111 GOLDEN SAILS DR, #F7 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CODY, RICHARD 111 GOLDEN SAILS DR, #D1 HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S GONZALEZ, ALBERT 111 GOLDEN ISLES DR HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DASH, BORIS 111 GOLDEN ISLES DR HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.			
SIGNATURE: <i>Robert Kaye</i>		DATE 6/18/2007 954-458-3868	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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1st MOORE CR2E037 (10/06)