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FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757377
1. Corporation Name GOLDEN SHORES CONDOMINIUM ASSN. INC.

Principal Place of Business 19531 GULF BLVD INDIAN SHORES, FLORIDA 33785
Mailing Address 19531 GULF BLVD INDIAN SHORES, FLORIDA 33785

2. Principal Place of Business 21 19531 GULF BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 19531 GULF BLVD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/02/1981	3a. Date of Last Report 02/07/96
22 City & State 23 INDIAN SHORES, Florida Zip 24 33785 Country 25 USA	27 City & State 28 INDIAN SHORES, Florida Zip 29 33785 Country 30 USA	4. FEI Number 59-2327879	Applied For Not Applicable
9. Name and Address of Current Registered Agent MENDELSON, PEGGY L 13611 78th AVE SUITE B SEMINOLE FL 34646		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENDELSON, PEGGY L 13611 78th AVE SUITE B SEMINOLE FL 34646		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City INDIAN SHORES FL 85 Zip Code 33785	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X Madeline C. Dawkin MADELINE C DAWKIN (PRESIDENT) 4/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADELINE DAWKIN 19531 GULF BLVD #608 INDIAN SHORES, Florida 33785	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, RODDY 19531 GULF BLVD #209 INDIAN SHORES Florida 33785	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT DEMUTH, MARK 19531 GULF BLVD #605 INDIAN SHORES FL 33785	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KLODIN GEORGE. 3 PINE TREE DRIVE COLONIA N.J. 07067	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSELYSTON, CHARLES W2693 2480 CREEK DRIVE WAUKESHA WI 53188	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Madeline C. Dawkin MADELINE C DAWKIN 4/22/97 (813) 593-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #
PRESIDENT

CR2E037 (9/96)