

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90404 020 \*\*\*\*61.25

DOCUMENT # N99000000822  
 1. Entity Name  
 GOLDEN BAY CLUB CONDOMINIUM ASSOCIATION, INC.



40075300

Principal Place of Business  
 17050 N BAY RD  
 SUNNY ISLES, FL 33130

Mailing Address  
 17050 N BAY RD  
 SUNNY ISLES, FL 33130



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 34-2014820

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~BARREIRO, PABLO~~  
~~17050 N BAY ROAD~~  
~~UNIT 4203~~  
~~SUNNY ISLES, FL 33160~~

7. Name and Address of New Registered Agent

Name LISON PLANTE  
 Street Address (P.O. Box Number is Not Acceptable)  
 17050 N BAY ROAD  
 OFFICE : 3rd Floor  
 City Sunny Isles Bch FL Zip Code 33160

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 *Lison Plante* DATE 4/20/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	BARREIRO, PABLO	<input checked="" type="checkbox"/> Delete
NAME	17050 N BAY RD #1204	
STREET ADDRESS	SUNNY ISLES, FL 33160	
CITY-ST-ZIP		
TITLE D	PLANTE, LISON	<input type="checkbox"/> Delete
NAME	17050 N BAY RD #1209	
STREET ADDRESS	NORTH MIAMI BEACH, FL 33160	
CITY-ST-ZIP		
TITLE VP	SAEDAL, ROBERT	<input type="checkbox"/> Delete
NAME	17050 N BAY RD	
STREET ADDRESS	SUNNY ISLES, FL 33160	
CITY-ST-ZIP		
TITLE SD	LIBSFRANT, PATRICIA	<input type="checkbox"/> Delete
NAME	17050 N BAY RD #303	
STREET ADDRESS	SUNNY ISLES, FL 33160	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE PRESIDENT		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE VICE-PRESIDENT		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE DIRECTOR		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE PAID TREASURE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATRICK CASSIDY		
STREET ADDRESS 17050 N BAY ROAD, UNIT 1005		
CITY-ST-ZIP SUNNY ISLES Bch, FL 33160		
TITLE SECRETARY		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VARINA SAUCHEZ UNIT 1207		
STREET ADDRESS SUNNY ISLES Bch		
CITY-ST-ZIP FL 33160		

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: *Lison Plante* DATE 4/20/06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR