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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738260 (9)

1. Corporation Name

GOLDEN SHORES ASSOCIATION, INC.

Principal Place of Business

820 NORTH OCEAN BLVD
POMPANO BEACH FL 33062
US

Mailing Address

800 N. OCEAN BLVD.
STE A
POMPANO BEACH FL 33062-4030
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
03/04/19773a. Date of Last Report
03/26/19964. FEI Number
59-1776292Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLYNN, JAMES J.
820 N OCEAN BLVD
#18
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name RICHARD NIXON
82 Street Address (P.O. Box Number is Not Acceptable)
820 N. OCEAN BLVD #6
83
84 City POMPANO BEACH FL 85 Zip Code 33062

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: RICHARD NIXON, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TINTLE, JEAN	
STREET ADDRESS	530 HENRY ST	
CITY-ST-ZIP	SCOTCH PINES, N J	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, JIM	
STREET ADDRESS	820 N OCEAN BLVD 18	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELSH, ALICE	
STREET ADDRESS	3 DEAN ST #2A	
CITY-ST-ZIP	STAMFORD CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOITOZA, ANITA	
STREET ADDRESS	81 BAY ROAD	
CITY-ST-ZIP	NORTON, MASS 02768	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RONALD D.	
STREET ADDRESS	820 N. OCEAN BLVD #5	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NIXON, RICHARD	
1.3 STREET ADDRESS	820 N. OCEAN BLVD #6	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PLANUTIS, JAMES R.	
2.3 STREET ADDRESS	820 N. Ocean Blvd #12	
2.4 CITY-ST-ZIP	POMPANO Beach FL 33062	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCKIE, FREDERICK	
3.3 STREET ADDRESS	820 N OCEAN BLVD #14	
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: RICHARD NIXON, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021816

CR2E037 (9/96)