

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738260

1. Entity Name

GOLDEN SHORES ASSOCIATION, INC.

Principal Place of Business

820 NORTH OCEAN BLVD
POMPANO BEACH FL 33062
US

Mailing Address

3220 NE 10TH STREET
APT 1
POMPANO BEACH FL 33062-3953
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1776292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VIET, MICHAEL
820 N OCEAN BLVD, 15
POMPANO BCH FL 33062

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DTD
FLYNN, JAMES J
820 N OCEAN BLVD, #18
POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WELSH, ALICE
3 DEAN STREET, #2-A
SAMFORD CT 06902

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RYAN, TIMOTHY J
820 N OCEAN BLVD, #3
POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
WILLIAMS, RONALD D.
820 N. OCEAN BLVD #5
POMPANO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOHN VIEIRA
820 N Ocean Blvd. #4
POMPANO BEACH, FL 33062

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President - PD

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President - VD

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I 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 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:

Timothy J. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

Date

Daytime Phone #

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90078 001 ****61.25

00021000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)