

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738260

FILED
Feb 02, 2007
Secretary of State

Entity Name: GOLDEN SHORES ASSOCIATION, INC.

Current Principal Place of Business:

820 NORTH OCEAN BLVD
APT 18
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

820 NORTH OCEAN BLVD
APT 18
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 59-1776292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RYAN, TIMOTHY J
Address: 820 N OCEAN BLVD #3
City-St-Zip: POMPANO BEACH, FL 33062

Title: DTD () Delete
Name: FLYNN, JAMES J
Address: 820 N OCEAN BLVD, #18
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD () Delete
Name: WELSH, WALTER
Address: 820 N OCEAN BLVD #17
City-St-Zip: POMPANO BEACH, FL

Title: D () Delete
Name: WILLIAMS, JOYCE
Address: 820 N. OCEAN BLVD #5
City-St-Zip: POMPANO BEACH, FL

Title: D () Delete
Name: AMBURGEY, LARRY
Address: 820 N. OCEAN BLVD #2
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTD (X) Change () Addition
Name: RYAN, TIMOTHY J
Address: 820 N OCEAN BLVD #3
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD (X) Change () Addition
Name: FLYNN, JAMES J
Address: 820 N OCEAN BLVD, #18
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD (X) Change () Addition
Name: AMBURGEY, LARRY
Address: 820 N OCEAN BLVD #2
City-St-Zip: POMPANO BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PLANUTIS, STEVEN
Address: 820 N. OCEAN BLVD #12
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J RYAN

DTD

02/02/2007

Electronic Signature of Signing Officer or Director

Date