

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758080

FILED
Mar 19, 2009
Secretary of State

Entity Name: GOLDEN STRAND OCEAN VILLA RESORT ASSOCIATION, INC.

Current Principal Place of Business:

17901 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17901 COLLINS AVE.
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 59-2505293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARS, GARY M
150 W. FLAGLER STREET, 27TH FL.
MIAMI, FL 33130 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: D () Delete
Name: SHENK, JOHN
Address: 523 BISMARCK DR.
City-St-Zip: NASHVILLE, TN 37210

Title: VP () Delete
Name: ARCHAMBAULT, CLAUDE
Address: 6740 RENOIR
City-St-Zip: AUTEUIL, CANADA, PQ H7H1A5

Title: P () Delete
Name: FELDMAN, JOSEPH
Address: 32 W 260 83RD ST
City-St-Zip: NAPERVILLE, IL 60564

Title: S () Delete
Name: CUERRIER, MARC
Address: 33 RUD DI AVERGNE
City-St-Zip: GATINEAU, QUEBEC, PQ

Title: T () Delete
Name: LACROIX, YVAN
Address: 527 DES NAUTES PLAINES
City-St-Zip: HOLL, PQ J82 2H8

Title: D () Delete
Name: GETSCHOW, DIANE
Address: 339 KENILWORTH AVE.
City-St-Zip: KENILWORTH, IL 60043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH FELDMAN

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date