2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90024 028 ***150.00

DOCUMENT # 257548

1. Entity Name

GOLDEN BAY TOWERS, INC.

Principal Place of Business	Mailing Address
3209 S. OCEAN DR. HALLANDALE FL 33009 US	3209 S. OCEAN DR. HALLANDALE FL 33009 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1002405 ☐ 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
SMITH, ROSEMARY C 3209 S. OCEAN DR. 1A HALLANDALE FL 33009	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAULK, PAUL J 3209 S. OCEAN DR., UNIT 2C HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICHAEL FILIPPONE 3209 S. OCEAN DRIVE #1F HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GABRIELLI, MARIO 1591 AYRAULT ROAD FARIPORT NY 14450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMAS TORREGRASSO 3209 S. OCEAN DRIVE #4N HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, ROSEMARY C 3209 S. OCEAN DR. HALLANDALE FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Rosemary Smith C. 3209 S. Ocean DR #2A Hollandale FL 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROBERTSON, DIANE 202 MYERS DRIVE HARTLY DE 19953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALAN GROSSMAN #3L 3209 S Ocean Dr Hallandale Bch, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAGNE, JEAN 313-6 DOZOIS, GRANBY QUEBEC, CANADA J2H 1H6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIO GABRIELLI 3209 S. OCEAN DRIVE HALLANDALE, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDASSARE, PETER 143 LAMBTON CIRCLE ROCHESTER NY 14626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDASSARE, PETER 143 Lambton Circle Rochester NY 14626	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Rosemary C. Smith / Treasurer 3/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Electronic Filing #