## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 257548** 

Entity Name: GOLDEN BAY TOWERS, INC.

FILED Feb 28, 2009 Secretary of State

That y trainer Golden Bit Towelto, into					
Current Principal Place of Business:			New Principal Place of Business:		
3209 S. OC HALLANDA	EAN DR. ILE, FL 33009	US			
Current Mailing Address:			New Mailing Address:		
3209 S. OCEAN DR. HALLANDALE, FL 33009 US					
FEI Number:	59-1002405	FEI Number Applied For ( ) FEI Num	nber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SMITH, ROSEMARY C 3209 S. OCEAN DR. 1A					
HALLANDALE, FL 33009 US					
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					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E FILIPPONE, MICI 3209 S OCEAN E HALLANDALE, FI	R 1F	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition CINQUE, JOSEPH 3209 S OCEAN DR APT. 4D HALLANDALE, FL 33009	
Title: Name: Address: City-St-Zip:	VP () E TORREGRASSO 3209 S OCEAN E HALLANDALE, FI	DR 4N	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () E SMITH, ROSEMA 3209 S. OCEAN I HALLANDALE, FI	DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () E GROSSMAN, ALA 3209 S OCEAN E HALLANDALE, FI	OR 3L	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition ROBERTSON, MICHEAL 3209 S OCEAN DR APT 4I HALLANDALE, FL 33009	
Title: Name: Address: City-St-Zip:	D () E GABRIELLI, MAR 3209 S OCEAN E HALLANDALE, FI	DR .	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GABRIELLI, MARIO 3209 S OCEAN DR APT 5KS HALLANDALE, FL 33009 CA	
Title: Name: Address:	D ()E BALDASSARE, P 143 LAMBTON C	IRCLE	Title: Name: Address:	( ) Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY SMITH S 02/28/2009