2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

| ## Monthing Actions ## Boll Words CB R ## WORDS FILE ## Service April #, etc. ## Service April #, etc. ## Suite April #, etc | DOCUMENT # 708759 1. Entity Name GOLDEN STRAND APARTMENTS, INC. | | | | | | | | | | • | U1 St 3 008 ****61 | |
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| Sulle, Apt. 4. etc. Sulle, Apt. 4. etc. Sulle, Apt. 4. etc. Q2062008 Chg.NP CR2E037 (12/06) Chy & State City & State 4. FEI Number S9-114.3129 Applicable For Not Applicable For S9-114.3129 Applicable For S9-114.3129 S-114.3129 S-114 | 899 WOODBRIDGE DR. | | | 899 | 899 WOODBRIDGE DR. | | | | | 14 8 1 2 1 1 1 1 1 1 1 1 1 1 | | | |
| City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Registered Agent 7. Name and Address of New Registered Agent Nume City Streat Address (P.O. Box Number is Not Acceptable) Seg WOODBRIDGE DR City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept need signation of registered agent, need to string agent and its 1 application. SIGNATURE Supulation, how or or find name of trig state agent and its 1 application. Intel Title To Designation for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept need signature receives when remaining on the State of Florida, I am familiar with, and accept need signature for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept need signature receives when remaining on the State of Florida, I am familiar with, and accept need signature receives when remaining on the State of Florida, I am familiar with, and accept need signature receives when remaining on the State of Florida in the Sta | Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | | | | | | |
| Sp. 1143129 | Suite, Apt. | #, etc. | | Su | Suite, Apt. #, etc. | | | | 02062008 | Chg-NP | CR | 2E037 (12/06) | |
| S. Settimicate of Satura Learned Fee Required 7. Name and Address of New Registered Agent MURSZEWSKI, MARINA ADVANCED MGMT INC 899 WOODBRIGGE DR VENICE, FL 34293 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered adjent, or both, in the Stato of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, tode of extret charmed registered agent and size in sections. Filting Fee Is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRICTORS 10. OFFICERS AND DIRICTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRICTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STRET MORSS FIRST MORSS FI | City & State | ė | | Ci | City & State | | | | 4. FEI Numb 59-114 | per 13129 | | | • |
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| MURSZEWSKI, MARINA ADVANCED MGMT INC 899 WOODBRIDGE DR VENICE, FL 34293 City | | 6. Name | and Address of Curre | nt Register | | | | | 7. Name and Address of New Registered Agent | | | | |
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| SIGNATURE Signature, hood or printed agent and title it applicable. INDTE Regulatore Agent signature requires when rematating) DATE | ſ | | • | for the purp | oose of changing its | register | ed office o | r registe | red agent, or b | oth, in the State | of Florida. | I am familiar with | and accept |
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