

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 044 ****61.25

DOCUMENT # 728032

1. Entity Name

GOLD COAST TOWERS - A CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

**ONE SOUTH LAKESIDE DRIVE
LAKE WORTH FL 33460**

**ONE SOUTH LAKESIDE DRIVE
LAKE WORTH FL 33460**

4



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-1509634

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

**LECLAIR, CLEMENT
17 S. LAKESIDE #2
LAKE WORTH FL 33460**

Name

Joyce Wooding

Street Address (P.O. Box Number is Not Acceptable)

1 South Lakeside Dr. #B-6

City

Lake Worth

FL

Zip Code

33460

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

Joyce Wooding, Treasurer

Joyce Wooding

DATE

2/26/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WELLS, BRIAN #D-2
STREET ADDRESS 1 S LAKESIDE DR
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME DANIELS, MARY-ANN T
STREET ADDRESS 17 S LAKESIDE DR #1
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE DS ☐ Change ☒ Addition
NAME Amy Shaughnessy
STREET ADDRESS 1 South Lakeside Dr. #A-4
CITY-ST-ZIP Lake Worth, FL 33460

TITLE DT ☒ Delete
NAME LECLAIR, CLEMENT
STREET ADDRESS 17 S. LAKESIDE #2
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE DT ☐ Change ☒ Addition
NAME Joyce Wooding
STREET ADDRESS 1 South Lakeside Dr. #B-6
CITY-ST-ZIP Lake Worth, FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Joyce Wooding

Joyce Wooding

2/26/07

(561)

#588-4259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #