

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90018 045 ****61.25

DOCUMENT # 728032

1. Entity Name
GOLD COAST TOWERS - A CONDOMINIUM, INC.



Principal Place of Business
**ONE SOUTH LAKESIDE DRIVE
LAKE WORTH, FL 33460**

Mailing Address
**ONE SOUTH LAKESIDE DRIVE
LAKE WORTH, FL 33460**

60022930



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**WOODING, JOYCE
1 S. LAKESIDE DR #B-6
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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. **(SAME)**

SIGNATURE

Joyce Wooding

Joyce Wooding

3/25/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when justifying)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELLS, BRIAN
STREET ADDRESS	1 S LAKESIDE DR #D-2
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	DS
NAME	SHANNNESSY, AMY
STREET ADDRESS	1 S LAKESIDE DR A-4
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	DT
NAME	WOODING, JOYCE
STREET ADDRESS	1 S LAKESIDE DR B-6
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	DS
NAME	WAGNON, ERIS
STREET ADDRESS	1 S. LAKESIDE DR. D-6
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3/25/08

*(561)
588.4259*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #