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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738260** **(9)**

1. Corporation Name
**GOLDEN SHORES ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 820 NORTH OCEAN BLVD<br>POMPANO BEACH FL 33062<br>US | 900 N. OCEAN BLVD.<br>STE A<br>POMPANO BEACH FL 33062-4030<br>US |

3. Date Incorporated or Qualified: 03/04/1977
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1776292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

FLYNN, JAMES J.
820 N OCEAN BLVD
#18
POMPANO BCH FL 33062

**10. Name and Address of New Registered Agent**

81 Name: RICHARD NIXON
82 Street Address (P.O. Box Number is Not Acceptable): 820 N. OCEAN Blvd #6
83
84 City: POMPANO BEACH FL 85 Zip Code: 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: RICHARD NIXON, PRESIDENT — 4-24-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☒ DELETE | 1.1 TITLE | DP | ☐ Change ☒ Addition |
| NAME | TINTLE, JEAN | | 1.2 NAME | NIXON, RICHARD | |
| STREET ADDRESS | 530 HENRY ST | | 1.3 STREET ADDRESS | 820 N. OCEAN BLVD #6 | |
| CITY-ST-ZIP | SCOTCH PINES, N J | | 1.4 CITY-ST-ZIP | POMPANO BEACH, FL 33062 | |
| TITLE | STD | ☒ DELETE | 2.1 TITLE | DST | ☐ Change ☒ Addition |
| NAME | FLYNN, JIM | | 2.2 NAME | PLANUTIS, JAMES R. | |
| STREET ADDRESS | 820 N OCEAN BLVD 18 | | 2.3 STREET ADDRESS | 820 N. Ocean Blvd # 12 | |
| CITY-ST-ZIP | POMPANO BCH FL | | 2.4 CITY-ST-ZIP | Pompano Beach FL 33062 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | WELSH, ALICE | | 3.2 NAME | McKIE, FREDERICK | |
| STREET ADDRESS | 3 DEAN ST #2A | | 3.3 STREET ADDRESS | 820 N OCEAN BLVD #14 | |
| CITY-ST-ZIP | STAMFORD CT | | 3.4 CITY-ST-ZIP | POMPANO BEACH FL 33062 | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE | DV | ☒ Change ☐ Addition |
| NAME | MOITOZA, ANITA | | 4.2 NAME | | |
| STREET ADDRESS | 81 BAY ROAD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTON, MASS 02766 | | 4.4 CITY-ST-ZIP | | |
| TITLE | DV | ☐ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | WILLIAMS, RONALD D. | | 5.2 NAME | | |
| STREET ADDRESS | 820 N. OCEAN BLVD #5 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** RICHARD NIXON, PRESIDENT SIGNATURE REQUIRED 4-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0021816