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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738260** (9)

1. Corporation Name

GOLDEN SHORES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**820 NORTH OCEAN BLVD
POMPANO BEACH FL 33062
US**

**800 N. OCEAN BLVD.
STE A
POMPANO BEACH FL 33062
US**



3. Date Incorporated or Qualified

03/04/1977

4. FEI Number

59-1776292

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3220 NE 10th St**

22 City & State

27 **Apt. # 1**

23 Zip

Country

28 **POMPANO BEACH, FL**

Zip

Country

24

25

29 **33062**

30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIXON, RICHARD
820 N OCEAN BLVD
#6
POMPANO BCH FL 33062**

81 Name **JAMES J. FLYNN**
82 Street Address (P.O. Box Number is Not Acceptable)
820 N. OCEAN BLVD
APT. 18
83 City **POMPANO BEACH** **FL** **85** Zip Code **33062**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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

Signature, typed or printed name of registered agent and title is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NIXON, RICHARD	
STREET ADDRESS	820 N OCEAN BLVD #6	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PLANUTIS, JAMES R	
STREET ADDRESS	820 N OCEAN BLVD #12	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKIE, FREDERICK	
STREET ADDRESS	820 N OCEAN BLVD #14	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MOITOZA, ANITA	
STREET ADDRESS	81 BAY ROAD	
CITY-ST-ZIP	NORTON, MASS 02768	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RONALD D.	
STREET ADDRESS	820 N. OCEAN BLVD #5	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FLYNN, JAMES J.	
1.3 STREET ADDRESS	820 N. OCEAN BLVD #18	
1.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VIET MICHEL	
2.3 STREET ADDRESS	820 N. OCEAN BLVD #15	
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WELSH, ALICE	
3.3 STREET ADDRESS	3 DEAN ST. #2A	
3.4 CITY-ST-ZIP	STAMFORD CT 06902	
4.1 TITLE	TIMOTHY J. RYAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	820 N. OCEAN BLVD #3	
4.3 STREET ADDRESS	POMPANO BEACH, FL.	
4.4 CITY-ST-ZIP	33062	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

Ronald D. Williams

4-20-98 243-5157

CR2E037 (10/97)