## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 738260** 

1. Corporation Name

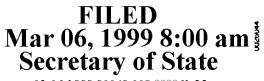
GOLDEN SHORES ASSOCIATION, INC.

Principal Place of Business
820 NORTH OCEAN BLVD
POMPANO BEACH FL 33062
US

Mailing Address

3220 NE 10TH STREET

POMPANO BEACH FL 33062



03-06-1999 90049 008 \*\*\*\*61.25



2. Principal Pi	pat Place of Business ZaMailing Address			03/04/1977				
1		26 Suite Ant H ata			4. FEI Number	·		Applied For
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				59-1776292		-	Not Applicable
2	ity & State City & State					<del></del>	\$8.7	5 Additional
City & Stati	City & State City & State				5. Certifcate of Status De	esired 🔲	•	Required
Zip	Country Zip Co			ry	6. Election Campaign Fit	nancing		00 May Be
25 29 30					Trust Fund Contribution	on .		ed to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Register	red Agent	
			8	1 Name				
FLYNN, JAMES J				2 Street Addr	ress (P.O. Box Number is No	t Acceptable)		
820 N OCEAN BLVD								
APT 18			1	3				
POMPANO BCH FL 33062				4 City			85 2	Zip Code
				1 - 7			┡┖╸┆╶┊	
1. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the abo	ve-named corp	oration submits this statemer	nt for the purpos	e of changing	its registered
office or r	to the provisions of Sections of 7.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	iuthorized t	by the corporation	on's board of directors. I here	poy accept the al	ppointment a	s registered
	m lamiliar with, and accept the obligation	ils di, Section 617.0000, 110	indu Ototot					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	: Registered A	ent signature require		DATE		
2.		OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES	TO OFFICERS		
TLE	D	☐ DELETE	1,1 TITL				Chan	ige 🔲 Additio
AME	VIET, MICHAEL		1.2 NAM	E				
TREET ADDRESS	820 N OCEAN BLVD, 15		1.3 STR	ET ADDRESS				
ITY-ST-ZIP	POMPANO BCH FL 33062		1.4 CITY	-ST-ZIP				
TITLE	DTD	☐ DELETE	2.1 TITL	Ē			☐ Char	nge 🔲 Additio
IAME	FLYNN, JAMES J		2.2 NAM	E				
TREET ADDRESS	820 N. OCEAN BLVD, #18	_	-2.3 STR	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·	= -=		
CITY-ST-ZIP	POMPANO BEACH FL 33062		2. 4 CIT	-ST-ZIP				
ITLE	D	☐ DELETE	3.1 TITL	Ē			☐ Char	nge 🔲 Additio
IAME	WELSH, ALICE		3.2 NAM	Ε				
TREET ADDRESS	3 DEAN STREET, #2-A		3.3 STR	ET ADORESS				
CITY-ST-ZIP	SAMFORD CT 06902		3.4. CIT	r-ST-ZIP				
TILE	DY D P	☐ DELETE	4,1 TITL				☐ Char	nge Addition
IAME	RYAN, TIMOTHY J		4. 2 NAN	KE				
TREET ADDRESS	820 N OCEAN BLVD, #3		4.3 STR	EET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33062		4.4 CITY	-ST-ZIP				
ITLE	PD- DV						☐ Char	nge 🔲 Addition
IAME	WILLIAMS, RONALD D.		5.2 NAM	E				
TREET ADDRESS	820 N. OCEAN BLVD #5		5.3 STR	EET ADDRESS	•		•	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	E		•	☐ Char	nge 🔲 Additio
NAME			6.2 NAM	E		•		
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP	certify that the information supplied with			-ST-Z <del>IP</del>		•		

eceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the chiral manadress, with all other like empowered.

SIGNATURE: