

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90033 026 ****61.25

DOCUMENT # 738260

1. Entity Name

GOLDEN SHORES ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

**3220 NE 10TH STREET
APT 1
POMPANO BEACH FL 33062
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1776292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLYNN, JAMES J
820 N OCEAN BLVD
APT 18
POMPANO BCH FL 33062**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **VIEIRA, JOHN**
STREET ADDRESS **820 N OCEAN BLVD #4**
CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **PD** ☐ Change ☒ Addition
NAME **SHARAH ADUTABER**
STREET ADDRESS **820 N Ocean Blvd #1**
CITY-ST-ZIP **Pompano Beach FL**

TITLE **DTD** ☐ Delete
NAME **FLYNN, JAMES J**
STREET ADDRESS **820 N OCEAN BLVD, #18**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE **D** ☒ Delete
NAME **WELSH, ALICE**
STREET ADDRESS **3 DEAN STREET, #2-A**
CITY-ST-ZIP **SAMFORD CT 06902**

TITLE **VD** ☐ Change ☒ Addition
NAME **WALTER WELSH #17**
STREET ADDRESS **820 N Ocean Blvd**
CITY-ST-ZIP **Pompano Beach FL**

TITLE **PD** ☒ Delete
NAME **RYAN, TIMOTHY J**
STREET ADDRESS **820 N OCEAN BLVD, #3**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** ☐ Change ☒ Addition
NAME **PATRICIA ADUTABER**
STREET ADDRESS **108 DONLIN DR**
CITY-ST-ZIP **LIVERPOOL, NY 13058**

TITLE **VD** ☒ Delete
NAME **WILLIAMS, RONALD D.**
STREET ADDRESS **820 N. OCEAN BLVD #5**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **JOYCE WILLIAMS**
STREET ADDRESS **820 N Ocean Blvd #5**
CITY-ST-ZIP **Pompano Beach FL**

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 exemption stated in Section 119.07(3)(i), 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:

S. Abu-Jaber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01

Date

(954) 784-5193

Daytime Phone #

CR2E037 (10/00)