

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90016 029 ****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**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ABUJABER, SHARIA	
STREET ADDRESS	820 N OCEAN BLVD #1	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DTD	<input type="checkbox"/> Delete
NAME	FLYNN, JAMES J	
STREET ADDRESS	820 N OCEAN BLVD, #18	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELSH, WALTER	
STREET ADDRESS	820 N OCEAN BLVD #17	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABUJABER, PATRICIA	
STREET ADDRESS	108 DONLIN DRIVE	
CITY-ST-ZIP	LIVERPOOL NY 13088	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOYCE	
STREET ADDRESS	820 N. OCEAN BLVD #5	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, TIMOTHY J	
STREET ADDRESS	820 N Ocean BLVD. #9	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONI JO NIXON	
STREET ADDRESS	4960 NW 54th ST.	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

3-4-02 (954) 783-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)