

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90015 016 ****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

820 NORTH OCEAN BLVD
POMPANO BEACH FL 33062
US

50011985



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

820 North Ocean Blvd

Suite, Apt. #, etc

APT. 18

City & State

Pompano Beach, FL.

Zip

33062

Country

U.S.A.

3. Mailing Address

820 North Ocean Blvd.

Suite, Apt. #, etc

APT. 18

City & State

Pompano Beach, FL.

Zip

33062

Country

U.S.A.

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RYAN, TIMOTHY J	
STREET ADDRESS	820 N OCEAN BLVD #3	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
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	PD	<input type="checkbox"/> Delete
NAME	WELSH, WALTER	
STREET ADDRESS	820 N OCEAN BLVD #17	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOYCE	
STREET ADDRESS	820 N. OCEAN BLVD #5	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASON, SCOTT	
STREET ADDRESS	820 N. OCEAN	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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:

James J. Flynn

JAMES J. FLYNN

2/1/05

954-889-2419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #