

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90119 036 ****61.25

DOCUMENT # 738260

1. Entity Name
GOLDEN SHORES ASSOCIATION, INC.



Principal Place of Business
820 NORTH OCEAN BLVD
APT 18
POMPANO BEACH, FL 33062 US

Mailing Address
820 NORTH OCEAN BLVD
APT 18
POMPANO BEACH, FL 33062 US



01102006 No Chg-NP CR2E037 (11/05)

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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

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IN THIS SPACE**

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

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WELSH, WALTER
820 N OCEAN BLVD #17
POMPANO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, JOYCE
820 N. OCEAN BLVD #5
POMPANO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LARRY AMBURGEY
820 N. OCEAN BLVD-#2
POMPANO BEACH-FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
JAMES J. FLYNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #