2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738260

FILED Feb 03, 2008 Secretary of State

Entity Name: GOLDEN SHORES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 820 NORTH OCEAN BLVD 820 NORTH OCEAN BLVD APT 3 APT 18 POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 US **Current Mailing Address: New Mailing Address:** 820 NORTH OCEAN BLVD 820 NORTH OCEAN BLVD APT 18 APT 3 POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 US FEI Number: 59-1776292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLYNN, JAMES J RYAN, TIMOTHY 820 N ÓCEAN BLVD 820 N OCEAN BLVD APT 18 APT 3 POMPANO BCH, FL 33062 US POMPANO BCH, FL 33062 US 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: TIMOTHY RYAN 02/03/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DTD () Delete () Change () Addition RYAN, TIMOTHY J Name: Name: 820 N OCEAN BLVD #3 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition FLYNN, JAMES J Name: AMBURGEY, LARRY Name: Address: 820 N OCEAN BLVD. #18 Address: 820 N OCEAN BLVD #2 City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: () Delete Title: PD (X) Change () Addition AMBURGEY, LARRY GOTBAUM, CHERYL Name: Name: 820 N OCEAN BLVD #2 820 N OCEAN BLVD #7 Address: Address: City-St-Zip: POMPANO BEACH, FL City-St-Zip: POMPANO BEACH, FL Title: () Delete Title: () Change () Addition WILLIAMS, JOYCE Name: Name: 820 N. OCEAN BLVD #5 Address: Address: POMPANO BEACH, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PLANUTIS, STEVEN Name: Name: 820 N. OCEAN BLVD #12 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: () Change (X) Addition FLYNN JAMES Name: Name: Address: Address: 820 N OCEAN BLVD #18 POMPANO BEACH, FL 33062 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY RYAN DTD 02/03/2008