2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# 738260

Entity Name: GOLDEN SHORES ASSOCIATION, INC.

Current Principal Place of Business:

820 NORTH OCEAN BLVD
APT 3
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

820 NORTH OCEAN BLVD
APT 3
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 59-1776292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, TIMOTHY
820 N OCEAN BLVD
APT 3
POMPANO BCH, FL 33062 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DTD	( ) Delete
Name:	RYAN, TIMOTHY J	
Address:	820 N OCEAN BLVD #3	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	VD	( ) Delete
Name:	AMBURGEY, LARRY	
Address:	820 N OCEAN BLVD #2	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	PD	( ) Delete
Name:	GOTBAUM, CHERYL	
Address:	820 N OCEAN BLVD #7	
City-St-Zip:	POMPANO BEACH, FL	
Title:	D	( ) Delete
Name:	WILLIAMS, JOYCE	
Address:	820 N. OCEAN BLVD #5	
City-St-Zip:	POMPANO BEACH, FL	
Title:	D	(X) Delete
Name:	PLANUTIS, STEVEN	
Address:	820 N. OCEAN BLVD #12	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	(X) Delete
Name:	FLYNN, JAMES	
Address:	820 N OCEAN BLVD #18	
City-St-Zip:	POMPANO BEACH, FL 33062	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	WILLIAMS, JOYCE	
Address:	820 N OCEAN BLVD #5	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	PD	(X) Change ( ) Addition
Name:	AMBURGEY, LARRY	
Address:	820 N OCEAN BLVD #2	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	(X) Change ( ) Addition
Name:	FLYNN, JAMES	
Address:	820 N. OCEAN BLVD #18	
City-St-Zip:	POMPANO BEACH, FL	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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 J RYAN DTD 02/22/2009

Electronic Signature of Signing Officer or Director — Date