

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751024

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** GOLDEN SAILS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

111 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

111 GOLDEN ISLES DRIVE  
HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:**

111 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009 US

**New Mailing Address:**

**FEI Number:** 59-2670437      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT KAYE & ASSOCIATES, P.A.  
1200 PARK CENTRAL BLVD. SOUTH  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

KAYE & BENDER P.L.  
1200 PARK CENTRAL BLVD. SOUTH  
POMPANO BEACH, FL 33064 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: ROBERT KAYE

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DEGENNARD, ROBERT  
Address: 111 GOLDEN ISLE DR. F-07  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VP  
Name: HARTH, ROBERT  
Address: 111 GOLDEN ISLE DR. D-11  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: T  
Name: NAGLEIRI, ANTHONY  
Address: 111 GOLDEN ISLE DRIVE E-10  
City-St-Zip: HALLANDALE, FL 33009 US

Title: P  
Name: FRALICK, RIVA  
Address: 111 GOLDEN SAILS DR, #D1  
City-St-Zip: HALLANDALE, FL 33009 US

Title: S  
Name: CODY, RICHARD  
Address: 111 GOLDEN ISLE DR. F-08  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: MARTINO, RICHARD  
Address: 111 GOLDEN ISLES DR D-11  
City-St-Zip: HALLANDALE, FL 33009 US

I hereby 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 all other like empowered.

SIGNATURE: RICHARD CODY

S

02/23/2011

Electronic Signature of Signing Officer or Director

Date