

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 757377 (7)**  
1. Corporation Name  
**GOLDEN SHORES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 3065 SEMINOLE FL 34645-3065 P.O. BOX 3065 SEMINOLE FL 34645-3065

3. Date Incorporated or Qualified **04/02/1981** 3a. Date of Last Report **04/27/1995**

21	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30	30a
19531 Gulf Blvd.		Suite, Apt. #, etc.		Indian Shores		34635		Pinellas		Zip		Country		59-2327879		Applied For		Not Applicable	
Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		8. Yes		8. No		8.75 Additional Fee Required		8.50 May Be Added to Fees							

9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent									
MENDELSON, PEGGY L SHORELAND <del>HOME</del> CO., INC. of Pinellas 12908 LOIS AVENUE SEMINOLE FL 34646										81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13611 - 78th Avenue North 83 Suite B 84 City Seminole FL 85 Zip Code 34646									

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office (or registered agent), or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: *Peggy L. Mendelson* (NOTE: Registered Agent signature required when re-stating) DATE: *2/1/96*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	DAWKINS, MADELINE	1.1 TITLE		1.2 NAME	
STREET ADDRESS	19531 GULF BLVD #608	CITY - ST - ZIP	INDIAN SHORES FL	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
TITLE	VPD	NAME	RODRIGUEZ, RODDY	2.1 TITLE		2.2 NAME	
STREET ADDRESS	19531 GULF BLVD #209	CITY - ST - ZIP	INDIAN SHORES FL	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
TITLE	ST	NAME	DEMUTH, MARK	3.1 TITLE		3.2 NAME	
STREET ADDRESS	19531 GULF BLVD #605	CITY - ST - ZIP	INDIAN SHORES FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	AS	NAME	KLODIN, GEORGE	4.1 TITLE		4.2 NAME	
STREET ADDRESS	3 PINE TREE DRIVE	CITY - ST - ZIP	COLONIA NJ	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
TITLE	D	NAME	ESSELYSTYN, CHARLES	5.1 TITLE		5.2 NAME	
STREET ADDRESS	W. 269 S. 2480 CREEK DRIVE	CITY - ST - ZIP	WAUKESHA WI	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY - ST - ZIP		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *X Madeline C. Dawkins* 1-25-96 595-8262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)