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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757377
1. Corporation Name GOLDEN SHORES CONDOMINIUM ASSN. INC.

Principal Place of Business 19531 GULF BLVD INDIAN SHORES, FLORIDA 33785
Mailing Address 19531 GULF BLVD INDIAN SHORES, FLORIDA 33785

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 19531 GULF BLVD	2b 19531 GULF BLVD	04/02/1981	02/07/96
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Indian Shores, Florida	28 Indian Shores, Florida	59-2327879	Not Applicable
24 33785	25 USA	5. Certificate of Status Desired	8.75 Additional Fee Required
29 33785	30 USA	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MENDELSON, PEGGY L
13611 78th AVE SUITE B
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name	MADELINE C DAWKIN
82 Street Address (P.O. Box Number is Not Acceptable)	19531 GULF BLVD # 608
83	
84 City	INDIAN SHORES
85 State	FL
86 Zip Code	33785

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 617.0503, Florida Statutes.

SIGNATURE: *Madeline C. Dawkin* MADELINE C DAWKIN (PRESIDENT) 4/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MADELINE DAWKIN	
STREET ADDRESS	19531 GULF BLVD # 608	
CITY-ST-ZIP	INDIAN SHORES, FLORIDA 33785	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, RODDY	
STREET ADDRESS	19531 GULF BLVD # 209	
CITY-ST-ZIP	INDIAN SHORES FLORIDA 33785	
TITLE	SIT	<input checked="" type="checkbox"/> DELETE
NAME	DEMUTH, MARK	
STREET ADDRESS	19531 GULF BLVD # 605	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KLODIN GEORGE.	
STREET ADDRESS	3 PINE TREE DRIVE	
CITY-ST-ZIP	COLONIA N.J. 07067	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESSELYSTON, CHARLES	
STREET ADDRESS	W 269 S 2480 CREEK DRIVE	
CITY-ST-ZIP	WAUKESHA WI 53188	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TABER, DONALD	
2.3 STREET ADDRESS	19531 GULF BLVD # 218	
2.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
3.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TATE, CAROLE	
3.3 STREET ADDRESS	19531 GULF BLVD # 504	
3.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
4.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MIANO, DOMINIC	
4.3 STREET ADDRESS	19531 GULF BLVD # 616	
4.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ETLINGER, GEORGE	
5.3 STREET ADDRESS	19531 GULF BLVD # 617	
5.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	700002201827	
6.4 CITY-ST-ZIP	-06/04/97--01091--033 05 ***61.25 5/21/97	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Madeline C. Dawkin* MADELINE C DAWKIN 4/22/97 (813) 593-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #
 PRESIDENT

CR2E037 (9/96)