

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 19531 GULF BLVD INDIAN SHORES FL 33785 US	Mailing Address 19531 GULF BLVD INDIAN SHORES FL 33785 US
---	---

3. Date Incorporated or Qualified
04/02/1981

4. FEI Number 59-2327879	Applied For Not Applicable
------------------------------------	-------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 25 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners Association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**DAWKIN, MADELINE C
19531 GULF BLVD #608
INDIAN SHORES FL 33785**

10. Name and Address of New Registered Agent

81 Name TABER DONALD
82 Street Address (P.O. Box Number is Not Acceptable) 19531 GULF BLVD # 218
83
84 City INDIAN SHORES
85 State FL
86 Zip Code 33785

11. Pursuant to the provisions of Sections 617.0592 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 617.0593, Florida Statutes.

SIGNATURE: *Donald Taber* **PRESIDENT 4-1-98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	DAWKINS, MADELINE	
STREET ADDRESS	19531 GULF BLVD #608	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	VPD	
NAME	TABER, DONALD	
STREET ADDRESS	19531 GULF BLVD #218	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	SD	
NAME	TATE, CAROLE	
STREET ADDRESS	19531 GULF BLVD #504	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MIANO, DOMINIC	
STREET ADDRESS	19531 GULF BLVD #616	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ETLINGER, GEORGE	
STREET ADDRESS	19531 GULF BLVD #817	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	VPD (VICE PRESIDENT)	<input checked="" type="checkbox"/>	
1.2 NAME	MADLINE DAWKINS		
1.3 STREET ADDRESS	19531 GULF BLVD #608		
1.4 CITY-ST-ZIP	INDIAN SHORES FL 33785		
2.1 TITLE	PD	<input checked="" type="checkbox"/>	
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	TD	<input checked="" type="checkbox"/>	
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	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/> Addition
4.2 NAME	ANDELSON IRENE		
4.3 STREET ADDRESS	19531 GULF BLVD #214		
4.4 CITY-ST-ZIP	INDIAN SHORES FL 33785		
5.1 TITLE	D (DIRECTOR)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Addition
5.2 NAME	STRAHLENDORF FRED		
5.3 STREET ADDRESS	19531 GULF BLVD #217		
5.4 CITY-ST-ZIP	INDIAN SHORES FL 33785		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Donald Taber* **4-1-98 813 595-8262**

CR2E037 (10/97)