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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 757377

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/02/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2327879

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TABER DONALD  
19531 GULF BLVD #218  
INDIAN SHORES FL 33785

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  DELETE  
NAME DAWKINS, MADELINE  
STREET ADDRESS 19531 GULF BLVD #608  
CITY-ST-ZIP INDIAN SHORES FL 33785

1.1 TITLE  Change  Addition  
1.2 NAME TD DAWKINS, MADELINE  
1.3 STREET ADDRESS 19531 GULF BLVD #608  
1.4 CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE PD  DELETE  
NAME TABER, DONALD  
STREET ADDRESS 19531 GULF BLVD #218  
CITY-ST-ZIP INDIAN SHORES FL 33785

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME TATE, CAROLE  
STREET ADDRESS 19531 GULF BLVD #504  
CITY-ST-ZIP INDIAN SHORES FL 33785

3.1 TITLE VPD  Change  Addition  
3.2 NAME BAUNGAEDNER JAMES  
3.3 STREET ADDRESS 19531 GULF BLVD #509  
3.4 CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE SD  DELETE  
NAME ANDERSON, IRENE  
STREET ADDRESS 19531 GULF BLVD #214  
CITY-ST-ZIP INDIAN SHORES FL 33785

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME STRAHLENDORF FRED  
STREET ADDRESS 19531 GULF BLVD #217  
CITY-ST-ZIP INDIAN SHORES FL 33785

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *Donald Taber* DONALD TABER 4/1/99 (727) 595-8262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)