

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90212 022 \*\*\*\*61.25

**DOCUMENT # 757377**

1. Entity Name

**GOLDEN SHORES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

19531 GULF BLVD  
 INDIAN SHORES FL 33785  
 US

19531 GULF BLVD  
 INDIAN SHORES FL 33785-2269  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2327879**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TABER DONALD**  
**19531 GULF BLVD #218**  
**INDIAN SHORES FL 33785**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DAWKINS, MADELINE</b>	
STREET ADDRESS	<b>19531 GULF BLVD #608</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TABER, DONALD</b>	
STREET ADDRESS	<b>19531 GULF BLVD #218</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BAUNGARDNER, JAMES</b>	
STREET ADDRESS	<b>19531 GULF BLVD #509</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, IRENE</b>	
STREET ADDRESS	<b>19531 GULF BLVD #214</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRAHLENDORF FRED</b>	
STREET ADDRESS	<b>19531 GULF BLVD #217</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald Taber*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2000

Date

727 595-8262

Daytime Phone #

CR2E037 (9/99)