

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90179 004 \*\*\*\*61.25



**DOCUMENT # 757377**  
 1. Entity Name  
**GOLDEN SHORES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 19531 GULF BLVD      19531 GULF BLVD  
 INDIAN SHORES FL 33785      INDIAN SHORES FL 33785  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

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

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**STRAHLENDORF, FRED**  
**19531 GULF BLVD., #217**  
**INDIAN SHORES FL 33785**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

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

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	V	<input type="checkbox"/> Delete
NAME	TABER, DONALD	
STREET ADDRESS	19531 GULF BLVD #218	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEUESQUE, RHONDA	
STREET ADDRESS	19531 GULF BLVD #609	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	P	<input type="checkbox"/> Delete
NAME	STRAHLENDORF FRED	
STREET ADDRESS	19531 GULF BLVD #217	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES	
STREET ADDRESS	19531 GULF BOULEVARD #518	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMERY, CLAYTON	
STREET ADDRESS	19531 GULF BLVD. # 418	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, CHRYSTEL	
STREET ADDRESS	1953 GULF BLVD #204	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRLAN, CAROLE	
STREET ADDRESS	1953 GULF BLVD. #415	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
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 exemptions contained in Section 119, 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*      DONALD TABER      4/25/06