

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		<input type="checkbox"/> Delete
TITLE	V	<input type="checkbox"/>
NAME	TABER, DONALD	
STREET ADDRESS	19531 GULF BLVD #218	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	ST	<input type="checkbox"/>
NAME	LEUESQUE, RHONDA	
STREET ADDRESS	19531 GULF BLVD #609	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	P	<input type="checkbox"/>
NAME	STRAHLENDORF FRED	
STREET ADDRESS	19531 GULF BLVD #217	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/>
NAME	THOMAS, JAMES	
STREET ADDRESS	19531 GULF BOULEVARD #518	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/>
NAME	EMERY, CLAYTON	
STREET ADDRESS	19531 GULF BLVD. # 418	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	BERG, CHRYSTEL		
STREET ADDRESS	1953 GULF BLVD #204		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	IRLAN, CAROLE		
STREET ADDRESS	1953 GULF BLVD. #415		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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