


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90085 038 \*\*\*\*61.25

**DOCUMENT # 757377**

1. Entity 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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40003000



04012007 Chg-NP CR2E037 (12/06)

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**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25 Due by May 1, 2007**

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**

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TABER, DONALD	
STREET ADDRESS	19531 GULF BLVD #218	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BERG, CHRYSTEL	
STREET ADDRESS	1953 GULF BLVD SUITE 204	
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	IRLAN, CAROLE	
STREET ADDRESS	1953 GULF BLVD SUITE 415	
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		

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

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBAN, RICHARD	
STREET ADDRESS	19531 GULF BLVD #206	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBOY, CHARLES	
STREET ADDRESS	19531 GULF BLVD #514	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 employees.

**SIGNATURE:** FRED STRAHLENDORF **4-2-07** **7275939608**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #