


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90111 039 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2327879	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> DATE _____					
FILE NOW; FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBAN, RICHARD		NAME	JENKYN, JOYCE	
STREET ADDRESS	19531 GULF BLVD #218		STREET ADDRESS	19531 GULF BLVD #411	
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMEDY, CHARLES		NAME		
STREET ADDRESS	1953 GULF BLVD SUITE 204		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAHLENDORF FRED		NAME		
STREET ADDRESS	19531 GULF BLVD #217		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRLAN, CAROLE		NAME		
STREET ADDRESS	1953 GULF BLVD SUITE 415		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERY, CLAYTON		NAME		
STREET ADDRESS	19531 GULF BLVD. # 418		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Carole Irelan, CAROLE IRELAN* 4-9-08 127-595-8262