


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90205 019 ****61.25

DOCUMENT # 759807 1. Entity Name GOLDEN SANDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1400 MINEO DR. PUNTA GORDA, FL 33950 US			Mailing Address C/O GFBS INC 2421 SHREVE ST STELLS PUNTA GORDA, FL 33950		
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 59-2294817				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENNETT, DOROTHY M 2421 SHREVE ST., STE 115 PUNTA GORDA, FL 33950				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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005			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	DVP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SCOTT		NAME	THOMPSON, SCOTT	
STREET ADDRESS	1400 MINEO DR #10-D		STREET ADDRESS	1400 MINEO DR #10-D	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENOW, FRANK		NAME	HARRIAN MILNER	
STREET ADDRESS	25396 RAMPART BLVD.		STREET ADDRESS	570 PORT BENDERS DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33983		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAND, RON		NAME	RON SHAND	
STREET ADDRESS	1400 MINEO DR., 12A		STREET ADDRESS	1400 MINEO DR #12A	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
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		
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 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: <i>Dorothy M. Bennett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/05 941-639-1142 <small>Date Daytime Phone #</small>		