

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759807

FILED
Apr 10, 2009
Secretary of State

Entity Name: GOLDEN SANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1400 MINEO DR.
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

C/O GFBS INC
2421 SHREVE ST STELLS SUITE 115
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-2294817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BENNETT, DOROTHY M
2421 SHREVE ST., STE 115
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAND, RON
Address: 1400 MINEO DR., 12A
City-St-Zip: PUNTA GORDA, FL 33950

Title: DST () Delete
Name: MILNER, MARIANN
Address: 570 PORT BENDRES DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: DVO () Delete
Name: GRAVES, DAVID
Address: 1400 MINES DR., 14D
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAND, RON
Address: 1400 MINEO DR., 12A
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD (X) Change () Addition
Name: MILNER, MARIANN
Address: 570 PORT BENDRES DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD (X) Change () Addition
Name: GRAVES, DAVID
Address: 1400 MINES DR., 14D
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY M. BENNETT

CAM

04/10/2009

Electronic Signature of Signing Officer or Director

Date