2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000904

1. Entity Name
GOLDEN BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4924 FRUITVILLE RD. SARASOTA, FL 34232	4924 FRUITVILLE RD. SARASOTA, FL 34232

2. Principal Place of Business	3. Mailing Address
	595 Bay Isles Rd
Suite, Apt. #, etc.	**Suite, Apt. #, etc.** Suite 200
City & State	**City & State** Longboat Key
Zip / **Country**	**Zip** FL / **Country** 34228

04122004   Chg-NP   CR2E037 (10/03)

4. FEI Number 65-1093703   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHUNG, WON
4924 FRUITVILLE ROAD
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name Beth Callans Management
Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Rd #200
City Longboat Key   FL   Zip Code 34228

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 _____

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

Filing Fee is $61.25 **Due by May 1, 2004**	**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME CHUNG, WEN Y STREET ADDRESS 4924 FRUITVILLE RD. CITY-ST-ZIP SARASOTA, FL 34232	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CHUNG, FILIC STREET ADDRESS 4924 FRUITVILLE RD. CITY-ST-ZIP SARASOTA, FL 34232	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CHUNG, LEE-EN STREET ADDRESS 4924 FRUITVILLE RD. CITY-ST-ZIP SARASOTA, FL 34232	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X Kathleen S Skarer   April 16, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #