


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90099 036 ****61.25

DOCUMENT # N00000000904 1. Entity Name GOLDEN BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4924 FRUITVILLE RD. SARASOTA, FL 34232			Mailing Address 595 BAY ISLES RD. STE. 200 OSPREY, FL 34229		
2. Principal Place of Business 595 Bay Isles Rd		3. Mailing Address Suite, Apt. #, etc. Longboat Key, FL			
Suite, Apt. #, etc. Longboat #201		Suite, Apt. #, etc.			
City & State Longboat Key, FL		City & State			
Zip 34228		Country		Zip	
6. Name and Address of Current Registered Agent BETH CALLANS MGMT. 595 BAY ISLES RD. #200 LONGBOAT KEY, FL 34228				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. N/A					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHUNG, WEN Y 4924 FRUITVILLE RD. SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- Kate Shaver <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 156 Golden Gate Point Sarasota, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHUNG, FILIC 4924 FRUITVILLE RD. SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Wen Chung <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2750 Sticuncy Pt Rd #310 Sarasota, FL 34234		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHUNG, LEE-EN 4924 FRUITVILLE RD. SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	APR 6 ENT'D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kathleen A. Shaver</i> 4/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					