

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001942

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: GOLDEN BAY LODGE, INC.

## Current Principal Place of Business:

2001 S OCEAN DRIVE  
HALLANDALE, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

2001 S OCEAN DRIVE  
HALLANDALE, FL 33009

## New Mailing Address:

FEI Number: 59-0882010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRISPEL, GARY  
2001 S OCEAN DRIVE  
#4  
HALLANDALE, FL 33009 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: PD ( ) Delete  
Name: CRISPELL, GARY  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: NEYMI, VICTORES  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: TD ( ) Delete  
Name: SHEPOKA, DONALD  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: SD ( ) Delete  
Name: LIBOV, VICTOR  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD ( ) Delete  
Name: ROSENTHAL, GEORGE  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Delete  
Name: HOLT, JACKIE  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HOLT, JACKIE  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change ( ) Addition  
Name: ZARUDNY, KAREN  
Address: 2001 S OCEAN DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY CRISPELL

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date