2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State

DOCUMENT # N0100000322 1. Entity Name GOLDEN SANDS ASSOCIATION, INC.					03-14-2007 90039 0)25 ****61.2	25	
Principal Place of Business 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715 Mailing Address 1110 PINELLAS BAY WAY ATTN: TVPM TIERRA VERDE, FL 33715					181 1811 1811 8811 8811 8811 8811 8811	42112 1110 1110 1110	1: 1: 1:11	
2. Principal P	lace of Business - No P.O. Box # 49th St. No	3. Mailing Address 801 49+4 S	t. No					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03092007	Chg-NP CR2E	037 (12/06)		
City & State	fersbuze, FL	City & State St. PSTERST	BURG, F	4. FEI Number 59-15885	593	Not	Applicable	
^{Zip} 3371	O Country Pinellas	^{Zip} 33710	Country PINCHAS			\$8.75 Addit Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
ROUANZION, SUSAN				William T				
1110 PINELLAS BAY WAY #207 TIERRA VERDE, FL 33715				et Address (P.O. Box Number is Not Acceptable) 801 494以 Street いのです				
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City				+. Peressure FL 33710				
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) OATE								
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	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make che	ack payable to artment of Sta		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing stribution. [\$5.00 May Be Added to Fees ADDITIONS/CHAN	Make che	DIRECTORS IN	ate 10	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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