



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 011 \*\*\*\*61.25

<b>DOCUMENT # N01000000322</b> 1. Entity Name <b>GOLDEN SANDS ASSOCIATION, INC.</b>					
Principal Place of Business <b>801 49TH STREET N. SAINT PETERSBURG, FL 33710</b>			Mailing Address <b>801 49TH STREET N. SAINT PETERSBURG, FL 33710</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04132008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1588593</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PAUL, WILLIAM D 801 49TH STREET N. SAINT PETERSBURG, FL 33710</b>			7. Name and Address of New Registered Agent Name <b>Cherie L. Harris</b> Street Address (P.O. Box Number is Not Acceptable) <b>6081 65th Avenue</b> City <b>Pinellas PK, FL</b> Zip Code <b>33781</b>		
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 <b>Cherie L. Harris</b> DATE <b>4.13.08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OLIVER, DANN 801 49TH STREET N. SAINT PETERSBURG, FL 33710	<input checked="" 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	DP MENTHE, MARY 801 49TH STREET N. SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Menth, Mary 6081 65th Avenue Pinellas PK, FL 33781 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAKE, DONNA 801 49TH STREET N. SAINT PETERSBURG, FL 33710	<input checked="" 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	D BRAVE, DAN 801 49TH STREET N. SAINT PETERSBURG, FL 33710	<input checked="" 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	DVP KURNAT, MICHAEL 801 49TH STREET N. SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Kurnat, Michael 4902 31st Ave S. #107 Gulfport, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Barrell, Jenny 5025 25th Ave S. Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Mary Elise Meets</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.13.08 727.458.6310 <small>Date Daytime Phone #</small>		