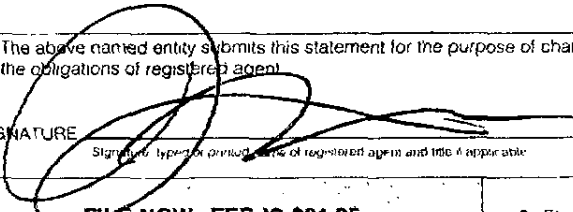


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001280 1. Entity Name GOLDEN BAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 10034 W MCNAB RD TAMARAC FL 33321				Mailing Address 10034 W MCNAB RD TAMARAC FL 33321	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILES, JAMES R 10034 W MCNAB RD TAMARAC FL 33321				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.					
SIGNATURE  Signature of typewritten name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	SD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	O'BUCH, RON		NAME	U00000436415	
STREET ADDRESS	10034 W MCNAB RD		STREET ADDRESS	02/27/06-80036-015 61.25	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	OLIVA, TARA		NAME		
STREET ADDRESS	10034 W MCNAB RD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	RATNER, ANN		NAME		
STREET ADDRESS	10034 W MCNAB RD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	SANTUCCI, AL		NAME		
STREET ADDRESS	10034 W MCNAB RD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	WAGENKNECHT, DAWN		NAME		
STREET ADDRESS	10034 W MCNAB ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE

CR2E037 (10/05)

4. FEI Number
65-1126395

Applied For
Not Applicable

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

SIGNATURE

Signature of typewritten name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

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Make Check Payable to
Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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STREET ADDRESS	10034 W MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Add
NAME	U00000436415	
STREET ADDRESS	02/27/06-80036-015 61.25	
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

