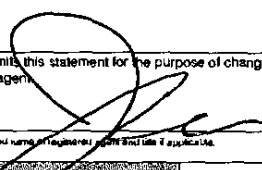
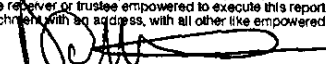


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                                                                            |                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N02000001280</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          |                                                                                                                           |                                                                                                                                              |
| 1. Entity Name<br><b>GOLDEN BAY HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          |                                                                                                                                                                                                            |                                                                                                                                              |
| Principal Place of Business<br>11111 BISCAYNE BLVD., #725<br>MIAMI, FL 33161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          | Mailing Address<br>11111 BISCAYNE BLVD., #725<br>MIAMI, FL 33161                                                                                                                                           |                                                                                                                                              |
| 2. Principal Place of Business<br><b>616 CCM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          | 3. Mailing Address<br><b>90 CCM</b>                                                                                                                                                                        |                                                                                                                                              |
| Suite, Apt. #, etc.<br><b>10034 W McNab Rd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          | Suite, Apt. #, etc.<br><b>10034 W McNab Rd</b>                                                                                                                                                             |                                                                                                                                              |
| City & State<br><b>TAMARAC, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          | City & State<br><b>TAMARAC, FL</b>                                                                                                                                                                         |                                                                                                                                              |
| Zip<br><b>33321</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                  | Zip<br><b>33321</b>                                                                                                                                                                                        | Country                                                                                                                                      |
| 4. FEI Number<br><b>65-1126395</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                     |                                                                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          | \$8.75 Additional Fee Required                                                                                                                                                                             |                                                                                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>BRODIE, SIDNEY Z<br/>7270 NW 12TH STREET, PH-1<br/>MIAMI, FL 33126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name <b>JAMES R. Miles</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10034 W McNab Rd</b><br>City <b>TAMARAC</b> FL Zip Code <b>33321</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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          | DATE<br><b>3/2/03</b>                                                                                                                                                                                      |                                                                                                                                              |
| FILE NOW: FEES: \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                            |                                                                                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                      |                                                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PTD<br>ZINGG, HERMANN A<br>11111 BISCAYNE BLVD., #725<br>MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | PD<br>WAGENKNECT, DAWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>10034 W McNab Rd<br>TAMARAC, FL 33321 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>ZINGG REVERON, HERMANN<br>11111 BISCAYNE BLVD., #725<br>MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | VPO<br>ROUIRA, LUIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>10034 W McNab Rd<br>TAMARAC, FL 33321    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>DE ZINGG, NIEVES<br>11111 BISCAYNE BLVD., #725<br>MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | TO<br>Ratner, Ann <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>10034 W McNab Rd<br>TAMARAC, FL 33321      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                          | Date<br><b>3-27-03</b> (934) 255-6889                                                                                                                                                                      |                                                                                                                                              |

CH2037 (10/02)

jsk