2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# N07000001474

Entity Name: FORT LAUDERDALE BEACH GOLDEN SQUARE ASSOCIATION, INC.

Current Principal Place of Business:

% ROYAL PAVILION CORP
3003 VIRAMAR ST
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

% ROYAL PAVILION CORP
3003 VIRAMAR ST
FT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-8468812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, GUY-PAUL
3003 VIRAMAR ST
FT LAUDERDALE, FL 33304 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: D ( ) Delete
Name: LOPEZ, GUY-PAUL
Address: 3003 VIRAMAR ST
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: MAN, MICHAEL
Address: 619 FT LAUDERDALE BEACH BLVD
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: MOTWANI, DEV RAMESH
Address: 521-529 N ATLATNIC BLVD
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: COLTRANE, SILVIA S
Address: 715 N ATLATNIC BLVD
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: FIONDA, COSIMO
Address: 703 BREAKERS AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: MALLICK, NISHI
Address: 625 N ATLANTIC BLVD
City-St-Zip: FT LAUDERDALE, FL 33304

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

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

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: GUY PAUL LOPEZ PRES 09/02/2008

Electronic Signature of Signing Officer or Director — Date