

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001474

FILED
Jan 21, 2010
Secretary of State

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

Current Principal Place of Business:

C/O ROYAL PAVILION
3003 VIRAMAR ST
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

C/O ROYAL PAVILION
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 ()

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

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

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

Title: D
Name: DEBENEDICTIS, ROBERT
Address: 543 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: MARTINO, SUSAN
Address: 717 BREAKERS AVE
City-St-Zip: FT LAUDERDALE, FL 33304

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

I hereby 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 all other like empowered.

SIGNATURE: GUY PAUL LOPEZ

D

01/21/2010

Electronic Signature of Signing Officer or Director

_____ Date