

## ANNUAL REPORT

DOCUMENT # P03000060951

1. Entity Name  
GOLDWIN REALTY, INC.Principal Place of Business  
1128 ROYAL PALM BEACH BLVD  
101  
ROYAL PALM BEACH, FL 33411Mailing Address  
1128 ROYAL PALM BEACH BLVD.  
#101  
ROYAL PALM BEACH, FL 33411FILED  
May 01, 2007 08:00 A  
Secretary of State

04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
56-2382651Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WILKINSON, SHERRON H  
1128-101 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411DO NOT WRITE  
IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | DP                              |
| NAME           | WILKINSON, SHERRON H            |
| STREET ADDRESS | 1128-101 ROYAL PALM BEACH BLVD. |
| CITY-ST-ZIP    | ROYAL PALM BEACH, FL 33411      |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

U00000753380  
05/22/07-80018-008 150.00DO NOT WRITE  
IN THIS SPACE

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/2007

954-821-1514