

FILED  
Mar 11, 2008 8:00 am  
Secretary of State

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2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                 |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P99000073642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                                |                                                                                                                                         |
| 1. Entity Name<br>GOLD COAST CONCIERGE ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                    |                                                                                                                 |                                                                                                                                         |
| Principal Place of Business<br>321 N. FORT LAUDERDALE BEACH BLVD.<br>FORT LAUDERDALE, FL 33304 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                    | Mailing Address<br>P.O. BOX 2460<br>FORT LAUDERDALE, FL 33303                                                   |                                                                                                                                         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    | 3. Mailing Address                                                                                              |                                                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                    | Suite, Apt. #, etc.                                                                                             |                                                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    | City & State                                                                                                    |                                                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                                                            | Zip                                                                                                             | Country                                                                                                                                 |
| 01172008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                    | Chg-P                                                                                                           | CR2E034 (12/06)                                                                                                                         |
| 4. FEI Number:<br>65-0942230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |                                                                                                                 |                                                                                                                                         |
| * LYNNE KENNEDY<br>PO Box 5224<br>DEERFIELD BEACH<br>FL 33442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    |                                                                                                                 |                                                                                                                                         |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                    |                                                                                                                 |                                                                                                                                         |
| 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: <u>Lynne R. Kennedy</u><br><small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent Signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                                                                                                                 |                                                                                                                                         |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                    | 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 11                                                           |                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MR.<br>CASBERG, JAN<br>1930 NE 2ND AVE APT L214<br>WILTON MANORS, FL 33305 <input checked="" type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | PRESIDENT<br>LYNNE KENNEDY<br>PO BOX 5224<br>DEERFIELD BEACH FL 33442 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPO<br>BETTS, STEVEN<br>2201 SALERNO CIRCLE<br>WESTON, FL 33327 <input checked="" type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | LORRAINE ALFANO<br>1844 SE 7th ST<br>POMPANO BEACH 33060 <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T<br>JODOIN, PETER<br>411 N NEW RIVER DR E<br>FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | DAVID KRAFT<br>3710 SW 55 AVE<br>DAVIE FL 33314 <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S<br>KENNEDY, LYNNE<br>P.O. BOX 2460<br>FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete<br>820 S.E. 9th Terr.<br>Fort Lauderdale<br>Fl. 33315 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | MICHAEL MORRISON<br>5200 NW 31 AVE #100<br>FT. LAUDERDALE FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VPD<br>SMALL, VIRGINIA<br>P.O. BOX 2460<br>FORT LAUDERDALE, FL 33303 <input checked="" type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | STEVEN BETTS<br>2201 SALERNO CIRCLE<br>WESTON FL 33327 <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>ARMSTRONG, MARK<br>601 N. FORT LAUDERDALE BEACH BOULEVARD<br>FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              |                                                                                                                                         |
| 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: <u>Lynne R. Kennedy</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    | 3/3/08 (954) 377-5470<br><small>Date Daytime Phone #</small>                                                    |                                                                                                                                         |

(Due to mail theft possibility as well as identity theft possibility)  
Street address may not be used for any mailings. This information is being provided  
Thank You Lynne Kennedy