

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073642

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: GOLD COAST CONCIERGE ASSOCIATION, INC.

## Current Principal Place of Business:

321 N. FORT LAUDERDALE BEACH BLVD.  
FORT LAUDERDALE, FL 33304 US

## New Principal Place of Business:

3030 HOLIDAY DR.  
C/O CONCIERGE SECTION  
FORT LAUDERDALE, FL 33316 US

## Current Mailing Address:

P.O BOX 2460  
FORT LAUDERDALE, FL 33303

## New Mailing Address:

FEI Number: 65-0942230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KENNEDY, LYNNE  
820 SE 9TH TERRACE  
FORT LAUDERDALE, FL 33315 US

## Name and Address of New Registered Agent:

KENNEDY, LYNNE  
820 SW 9TH TERRACE  
FORT LAUDERDALE, FL 33315 US

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: \_\_\_\_\_

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KENNEDY, LYNNE  
Address: PO BOX 5224  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VPO ( ) Delete  
Name: ALFANO, LORRAINE  
Address: 1844 SE 7TH ST  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: T ( ) Delete  
Name: KRAFT, DAVID  
Address: 3710 SW 55 AVE  
City-St-Zip: DAVIE, FL 33314 US

Title: S ( ) Delete  
Name: MORRISON, MICHAEL  
Address: 5200 NW 31 AVE #100  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VPD (X) Delete  
Name: BETTS, STEVEN  
Address: 2201 SA LERNO CIRCLE  
City-St-Zip: WESTON, FL 33327 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KENNEDY, LYNNE  
Address: 820 SW 9TH TERRACE  
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: VPO (X) Change ( ) Addition  
Name: MCGANNON, PAUL  
Address: 1950 N. ANDRERWS AVE.  
City-St-Zip: WILTON MANORS, FL 33311 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KRAFT

MR.

01/15/2009

Electronic Signature of Signing Officer or Director

Date