

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736538** (0)  
1. Corporation Name  
**GOLDEN ACRES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>1720 SW 55TH LANE OCALA FL 34474 US</b>	Mailing Address <b>1720 SW 55TH LANE OCALA FL 34474-5940 US</b>
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3. Date Incorporated or Qualified <b>08/04/1976</b>	3a. Date of Last Report <b>02/02/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-1694024</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KURTZ, KAY OSBORNE  
1720 SW 55TH LANE  
OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VID</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KURTZ, JON</b>		1.2 NAME <b>STUART DAY</b>	
STREET ADDRESS <b>1720 SW 55TH LANE</b>		1.3 STREET ADDRESS <b>1721 S.W. 55th LANE</b>	
CITY-ST-ZIP <b>OCALA FL 34474</b>		1.4 CITY-ST-ZIP <b>OCALA, FLORIDA 34474</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KURTZ, KAY OSBORNE</b>		2.2 NAME	
STREET ADDRESS <b>1720 SW 55TH LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL 34474</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DAY, DOROTHY</b>		3.2 NAME	
STREET ADDRESS <b>1721 SW 55TH LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL 34474</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BENCNIK, JANET</b>		4.2 NAME <b>Paul Fornoff</b>	
STREET ADDRESS <b>1801 SW 55TH LANE</b>		4.3 STREET ADDRESS <b>2065 S.W. 55th Street Road</b>	
CITY-ST-ZIP <b>OCALA FL 34474</b>		4.4 CITY-ST-ZIP <b>OCALA, FLORIDA 34474</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PEEKI, RAI</b>		5.2 NAME <b>Richard Jones</b>	
STREET ADDRESS <b>1900 SW 55TH ST ROAD</b>		5.3 STREET ADDRESS <b>1700 S.W. 55th LANE</b>	
CITY-ST-ZIP <b>OCALA FL 34474</b>		5.4 CITY-ST-ZIP <b>OCALA, FLORIDA 34474</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FORNOFF, PAUL</b>		6.2 NAME <b>Patricia Camp (Camp)</b>	
STREET ADDRESS <b>400 SE 48TH AVE</b>		6.3 STREET ADDRESS <b>1750 S.W. 55th Street Road</b>	
CITY-ST-ZIP <b>OCALA FL 34471</b>		6.4 CITY-ST-ZIP <b>OCALA, FLORIDA 34474</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kay Osborne Kurtz Patricia Camp Richard Jones Paul Fornoff Stuart Day VID 4/30/97 1-352-237-8796

CR2E037 (9/96)