

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90123 021 \*\*\*150.00

**DOCUMENT # H49961**  
 1. Entity Name  
**GOLDEN GATE RESIDENTS ASSOCIATION OF PINELLAS PARK, INC.**



Principal Place of Business      Mailing Address  
**8201 40 ST NORTH**      **8201 40 ST NORTH**  
**PINELLAS PARK, FL 33781**      **PINELLAS PARK, FL 33781**

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



01022008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-2518993**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**FISHER, MAURICE A**  
**82172 EAST ST**  
**PINELLAS PARK, FL 33781**

**7. Name and Address of New Registered Agent**  
 Name **Fisher, Maurice A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**82172 E Street**  
 City **Pinellas Park**      **FL**      Zip Code **33781**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **KUZMICKAS, DONALD**  
 CITY-ST-ZIP **82140 C STREET**  
**PINELLAS PARK, FL 33781**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V**  
 STREET ADDRESS **URIAN, CHARLES**  
 CITY-ST-ZIP **82073 G AVENUE**  
**PINELLAS PARK, FL 33781**

TITLE  Change  Addition  
 NAME **V**  
 STREET ADDRESS **Urian, Charles**  
 CITY-ST-ZIP **82073 1st Avenue**  
**Pinellas Park, FL 33781**

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **FISHER, MAURICE**  
 CITY-ST-ZIP **82172 EAST ST**  
**PINELLAS PARK, FL 33781**

TITLE  Change  Addition  
 NAME **P**  
 STREET ADDRESS **Fisher, Maurice**  
 CITY-ST-ZIP **82172 E Street**  
**Pinellas Park, FL 33781**

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **AVITABILE, RICHARD**  
 CITY-ST-ZIP **82099 A STREET**  
**PINELLAS PARK, FL 33781**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
 STREET ADDRESS **CASACELI, JOYCE**  
 CITY-ST-ZIP **82063 G STREET**  
**PINELLAS PARK, FL 33781**

TITLE  Change  Addition  
 NAME **S**  
 STREET ADDRESS **Orzel, Francis J**  
 CITY-ST-ZIP **82276 2nd Avenue**  
**Pinellas Park, FL 33781**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: Maurice A. Fisher      **PRESIDENT**      **4-14-08**      **727-251-9120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #