


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90011 024 \*\*\*\*61.25

DOCUMENT # N01000007066					
1. Entity Name GOOSE CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1580 BANNERMAN RD. TALLAHASSEE, FL 32312		Mailing Address 1580 BANNERMAN RD. TALLAHASSEE, FL 32312			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 2</i>		Suite, Apt. #, etc. <i>Suite 2</i>			
City & State		City & State			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-3756099		Applied For Not Applicable		01232004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>MANAUSA, DANIEL E</del> 3520 THOMASVILLE RD., 4TH FL TALLAHASSEE, FL 32309			Name <i>MARIE EDDY</i> Street Address (P.O. Box Number is Not Acceptable) <i>1580 BANNERMAN RD. Suite 2</i> City <i>Tallahassee</i> FL Zip Code <i>32312</i>		
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 <i>Marie Eddy Manager</i> DATE <i>2/18/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GHAZVINI, MEHRAN	NAME			
STREET ADDRESS	2811-E INDUSTRIAL PLAZA	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GHAZVINI, MEHRDAD	NAME			
STREET ADDRESS	2811-E INDUSTRIAL PLAZA	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, DOUG	NAME			
STREET ADDRESS	508-A CAPITAL CIRCE SE	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I 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 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 617, 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: <i>Marie Eddy</i>			DATE: <i>2/18/04</i> DAYTIME PHONE #: <i>850-894-1919</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		