


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 047 ****61.25

DOCUMENT # N0100007066

1. Entity Name
GOOSE CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7113 BEECH RIDGE TRAIL SUITE 1
 TALLAHASSEE, FL 32312**

Mailing Address
**7113 BEECH RIDGE TRAIL SUITE 1
 TALLAHASSEE, FL 32312**

40051479



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3756099

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EDDY, MARIE
7113 BEECH RIDGE TR
SUITE 1
TALLAHASSEE, FL 32312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REHWINKLE, JAMES		NAME	Smith, Miclele	
STREET ADDRESS	6144 JASON TR		STREET ADDRESS	193 Northcutt Terr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP	TALLA, FL 32317	
TITLE	D P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEY, WALTER		NAME		
STREET ADDRESS	6014 RICH FARM RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEFORENT, LOWELL		NAME		
STREET ADDRESS	129 Northcutt Terr		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JOHN		NAME		
STREET ADDRESS	197 PITKIN TERR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOT, LEIGH		NAME		
STREET ADDRESS	133 GOOSE CREEK TR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		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 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 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: *[Signature]* **4/4/07 850-894-1919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #