


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90022 039 \*\*\*\*61.25

**DOCUMENT # N01000007066**

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**



2. Principal Place of Business - No P.O. Box #  
**1607 Village Sq. Blvd**

3. Mailing Address  
**1607 Village Sq. Blvd.**

Suite, Apt. #, etc. **Ste 8**

02182008 Chg-NP CR2E037 (12/06)

City & State  
**TALLAHASSEE, FL**

City & State  
**TALLAHASSEE, FL**

Zip  
**32309** Country **USA**

Zip  
**32309** Country **USA**

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  
7443 BEECH RIDGE TR.  
SUITE 1  
TALLAHASSEE, FL 32312**

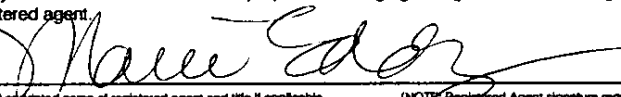
7. Name and Address of New Registered Agent

Name **EDDY, MARIE**

Street Address (P.O. Box Number is Not Acceptable)  
**1607 Village Sq. Blvd Ste 8**

City **TALLAHASSEE** FL Zip Code **32309**

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 **4/19/08**

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, 2008**

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

Make check payable to **Florida Department of State**

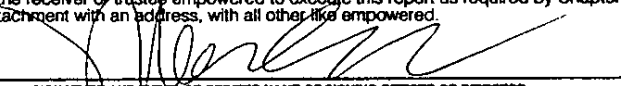
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REHWINKLE, JAMES 6144 JASON TR TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CULLEY, WALTER 6014 RICH FARM RD TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MICHELE 193 NORTHCUTT TERR TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JOHN 197 PITKIN TERR TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOT, LEIGH 133 GOOSE CREEK TR TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULL, DAN 149 NORTHCUTT TERR TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/11/08** Daytime Phone # **850-874-1919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR