2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007066

FILED Mar 24, 2009 Secretary of State

Entity Name: GOOSE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1607 VILLAGE SQ BLVD STE 8 TALLAHASSEE, FL 32309 **Current Mailing Address: New Mailing Address:** 1607 VILLAGE SQ BLVD STE 8 TALLAHASSEE, FL 32309 FEI Number: 59-3756099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EDDY, MARIE 1607 VILLAGE SQ BLVD STE 8 TALLAHASSEE, FL 32309 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REHWINKLE, JAMES Name: Name: 6144 JASON TR Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: (X) Change () Addition CULLEY, WALTER Name: CULLEY, WALTER Name: Address: 6014 RICH FARM RD Address: 6014 RICH FARM RD City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317 Title: Title: () Change () Addition () Delete ROSS, JOHN Name: Name: Address: 197 PITKIN TERR Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: ROOT, LEIGH Name: BAKER, RONALD 110 GOOSE CREEK TRAIL Address: 133 GOOSE CREEK TR Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317 Title: () Delete Title: (X) Change () Addition BULL, DAN BULL, DAN Name: Name: 149 NORTHCUTT TERR 149 NORTHCUTT TERR Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317 Title: () Delete Title: () Change (X) Addition MALONE, JACQUILINE Name: Name: Address: Address: 6010 RICH FARM RD TALLAHASSEE, FL 32317 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE EDDY MGR 03/24/2009