


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90969 036 ****61.25

DOCUMENT # *NO/000007066*

1. Entity Name
GOOSE CREEK HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1580 BANNELMAN ROAD

3. Mailing Address
1580 BANNELMAN RD

Suite, Apt. #, etc. *2*

City & State
TALLAHASSEE, FL

Zip
32312

Country
USA

DO NOT WRITE IN THIS SPACE

4. FFL Number
593756099

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
DANIEL E. MANAUSA

Street Address (P.O. Box Number is Not Acceptable)
3520 THOMASVILLE RD 4th

City
TALLAHASSEE FL

Zip Code
32309

**DO NOT WRITE
IN THIS SPACE**

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
Marie M. Eddy *MARIE M. EDDY, Assoc. manager* *4/3/03*

Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR

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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| <i>D</i> <i>MOHRAN GHARVINI</i> <i>2811-E INDUSTRIAL PLAZA</i> <i>TALLAHASSEE, FL 32301</i> | |
| <i>D</i> <i>J. RUSSELL PRICE</i> <i>241-JOHN KNOX RD #200</i> <i>TALLAHASSEE, FL 32303</i> | |
| <i>D</i> <i>DOUG TURNER</i> <i>508-A CAPITAL CIRCLE SE</i> <i>TALLAHASSEE, FL 32301</i> | |
| | DO NOT WRITE IN THIS SPACE |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie M. Eddy* *4/3/03* *850-894-1919*

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/02)