2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009498

FILED Apr 17, 2007 Secretary of State

Entity Name: GOLDEN POND SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

463499 STATE ROAD 200 YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

P O BOX 1987 YULEE, FL 320411987 US

FEI Number: 01-0864188 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:

PROPERTY MANAGEMENT SYSTEMS, INC 463499 STATE ROAD 300 YULEE, FL 32097 US

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:

OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent Date

Electronic eignature of regions

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: ARNOLD, CHARLES W III Name: ROGERS, ZENZI Address: 11217 SAN JOSE BOULEVARD Address: 11217 SAN JOSE BOULEVARD

Address: 11217 SAN JOSE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32223 US
Address: 11217 SAN JOSE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VPT () Delete Title: VPT (X) Change () Addition

Name: UDELL, ROBERT Name: ARMATO, KEVIN

Address: 11217 SAN JOSE BOULEVARD Address: 11217 SAN JOSE BOULEVARD City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: JACKSONVILLE, FL 32223 US

 $\label{eq:title:DS} \textit{Title:} \qquad \textit{DS} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{S/T} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

Name:JOHNSON, SUSANName:MCCOLLUM, MICHAELAddress:11217 SAN JOSE BOULEVARDAddress:11217 SAN JOSE BOULEVARDCity-St-Zip:JACKSONVILLE, FL 32223 USCity-St-Zip:JACKSONVILLE, FL 32223 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRELL W POWELL RA 04/17/2007