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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15694

1. Corporation Name

GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**1800 GOLDEN PONDS DR
FT PIERCE FL 34945
US**

Mailing Address

**1800 GOLDEN POND DR
FT PIERCE FL 34945
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/02/1986

4. FEI Number

59-2807559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CAMPBELL, REYBURN W. SR
1747 BAR HARBOR DR.
FT. PIERCE FL 34945**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **STREISAND, BARBARA**
STREET ADDRESS **1708 GOLDEN PONDS DR.**
CITY-STATE-ZIP **FT. PIERCE FL**

TITLE **VP** ☒ DELETE
NAME **MORNEAULT, P**
STREET ADDRESS **1756 BAR HARBOR DR**
CITY-STATE-ZIP **FT. PIERCE FL 34945**

TITLE **TD** ☒ DELETE
NAME **OLLIS, MARY**
STREET ADDRESS **1739 BAR HARBOR DR.**
CITY-STATE-ZIP **FT. PIERCE FL**

TITLE **D** ☒ DELETE
NAME **NICHOLS, MARION**
STREET ADDRESS **1901 BAR HARBOR DR.**
CITY-STATE-ZIP **FT. PIERCE FL**

TITLE **ASD** ☒ DELETE
NAME **BREESE, M**
STREET ADDRESS **1764 BAR HARBOR DR**
CITY-STATE-ZIP **FT. PIERCE FL 34945**

TITLE **P** ☒ DELETE
NAME **DALY, E L**
STREET ADDRESS **1735 WALDEN POND DR**
CITY-STATE-ZIP **FT. PIERCE FL 34945**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME **KIRK, JERRY**

1.3 STREET ADDRESS **1705 GOLDEN PONDS DR.**

1.4 CITY-STATE-ZIP **FT. PIERCE, FL 34945**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **CAMPBELL, REYBURN W. SR.**

2.3 STREET ADDRESS **1747 BAR HARBOR DR.**

2.4 CITY-STATE-ZIP **FT. PIERCE, FL 34945**

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **OLLIS, MARY**

3.3 STREET ADDRESS **1739 BAR HARBOR DR.**

3.4 CITY-STATE-ZIP **FT. PIERCE, FL 34945**

4.1 TITLE **ATD** ☒ Change ☐ Addition

4.2 NAME **HAGIN, MARILYN**

4.3 STREET ADDRESS **10111 MILL CREEK LA.**

4.4 CITY-STATE-ZIP **FT. PIERCE, FL 34945**

5.1 TITLE **PD** ☒ Change ☐ Addition

5.2 NAME **EVAN, KAY**

5.3 STREET ADDRESS **1705 GOLDEN PONDS DR.**

5.4 CITY-STATE-ZIP **FT. PIERCE, FL 34945**

6.1 TITLE **SD** ☒ Change ☐ Addition

6.2 NAME **HUNTER, MARGE**

6.3 STREET ADDRESS **1868 GOLDEN PONDS DR.**

6.4 CITY-STATE-ZIP **FORT PIERCE, FL 34945**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reyburn W. Campbell **REYBURN W. CAMPBELL** 4/22/99 561-489-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)