2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006627

FILED Apr 17, 2007 Secretary of State

Entity Name: GOLDEN LAKE HOMEOWNERS' ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 US **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-3494071 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: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MIRANDA, LUIS Name: Name: 7731 HIDDEN CYPRESS DR Address: Address: City-St-Zip: ORLANDO, FL 32822 US City-St-Zip: Title: VPD Title: () Delete (X) Change () Addition VELIS, CESAR Name: VELIS, CESAR Name: Address: 7707 HIDDEN CYPRESS DR Address: 7707 HIDDEN CYPRESS DR City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: **VPD** (X) Change () Addition WYLLIE, AUSTIN BETANCOURT, ILEANA Name: Name: 7700 HIDDEN CYPRESS DRIVE 7732 HIDDEN CYPRESS DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: TD () Delete Title: () Change () Addition Name: LORA, HECTOR Name: 7739 HIDDEN CYPRESS DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition KILLETS, FRANK Name: Name: KILLETS, MARIE 7647 HIDDEN CYPRESS DR 7647 HIDDEN CYPRESS DR Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

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: LUIS MIRANDA PD 04/17/2007