FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name N15694 (5)

GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business

Mailing Address

FILED Mar 11 1997 8:00am Secretary of State



10107 GAS LIGHT COURT FT. PIERCE FL 34945 US			10107 GAS LIGHT COURT FT. PIERCE FL 34945-2420 US			
					3. Date Incorporated or Qualified 07/02/1986	3a. Date of Last Report 02/27/1996
2. Principal P	lace of Busin	ness	2a. Mailing Address		4. FEI Number	Applied For
21 1747 Bar Harbor Dr. 26 1747 Bay				Harbor Dr	59-2807559	Not Applicable
Suite, Apt.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 Ft. Pierce, FL			28 Ft. Pierce, FL		Trust Fund Contribution	Added to Fees
Zip		Country	Zıp	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 3494		25 US	29 34945	30 US	Florida Statutes]Yes 😡 No
Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent
COPE, HELEN J. 1787 STONYBROOK DR FT. PIERCE FL 34945 81 Name Reyburn W. Campbell, Sr. 82 Street Address V.O. Box Number is Not Acceptable) 83 Page Harbor Dr. 84 City The Other St. Zip Code						
44 6	1-0		00 1047 4500 51 11 01 4		FT. Pierce	FL 34945
office or r	to the provis registered ap	ions of Sections 617.050 jent, or both, in the State	22 and 617.1508, Florida Statu of Florida. Such change was	tes, the above-name authorized by the co	d corporation submits this statement for the p proporation's board of directors. I hereby acce	ourpose of changing its registered on the appointment as registered
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 617.0593, Florida Statutes.						
SIGNATURE .	Kew	ourn //3 Ca	mobell or		2	/20/97
12.	Stonature, India	or printed name of registered age	ent and title if applicable. (NO ID DIRECTORS	TE: Registered Agent signati	re required when reinstating)	DATE
TITLE	VD	OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	1	DARCOT	L. Decere		V/D	Bi change Li roduion
		, ROBERT		1.2 NAME	Barbara Streisand	
STREET ADDRESS		GREATWOODS POND	J	1.3 STREET ADDRESS	+ 100 dorach ronas	
CITY - ST - ZIP	FT. PIE	RUE FL	D profite	1.4 CITY-ST-ZIP	Ft. Pierce, FL 3	1945
TITLE	VD		☐ DELETE	2.1 TITLE	V/D	Change Addition
NAME		ELL, REYBURN		2.2 NAME	Peggy Fleck	
CYPECT ADDRESS		<u>ar</u> harbour drive		2.3 STREET ADDRESS	10101 Mill Creek	Lane
	T.PIE	RCE FL		2.4 CITY-ST-ZIP	Ft. Pierce, FL 3	4945
TITLE	TD		☐ DELETE	3.1 TITLE	T/D	Change Addition
NAME		MARILYN		3.2 NAME	Mary Ollis 1739 Bar Harbor Di	ļ
STREET ADDRESS		WILL CREEK LANE		3.3 STREET ADDRESS	1739 Bar Harbor Di	
CITY-SI-ZIP	FT. PIE	RCE FL		3.4. CITY-ST-ZIP	Ft. Pierce, FL 34	1945
TITLE	ASD		DELETE	4.1 TITLE	ASD	Change Addition
NAME	HOLTO.	WAY, ELEANOR		4. 2 NAME	Marion Nichols	- -
STREET ADDRESS	10107	GREATWOODS POND)	4.3 STREET ADDRESS	1901 Bar Harbor Di	
CITY-ST-ZIP	FT. PIE	RCE FL		4.4 CITY-ST-ZIP	Ft, Pierce, FL 3	101E
TITLE	SD		DELETE	5.1 TITLE	50	Change Addition
NAME	COPE,	HELEN		5.2 NAME	Gloria Duroch	er
STREET ADDRESS		TONYBROOK DR		5.3 STREET ADDRESS	1684 Christmas	, cove or.
CITY-ST-ZIP	FT. PIE			5.4 CITY - ST - ZIP	Gloria Duroch 1684 Christmas FT. Pierce, F	L 34945
TITLE	PD		☐ DELETE	6.1 TITLE		Change Addition
NAME	CLARK,	JOHN		6.2 NAME	PD	
STREET ADDRESS		GAS LIGHT COURT		6.3 STREET ADDRESS	Reyburn Campbell	
CITY-ST-ZIP	FT. PIE			6.4 CITY - ST - ZIP	1747 Bar Harbor Dr	ive
	1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·		V.7 V/11 " 01 " 4/1	LEF PIGECG RI. 3/	UNE.

14. I do 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.

SIGNATURE:

2/20/97