

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736538

**Entity Name:** GOLDEN ACRES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1720 SW 55TH LN  
OCALA, FL 34471

**FILED**  
**Apr 11, 2015**  
**Secretary of State**  
**CC1239168096**

**Current Mailing Address:**

1720 SW 55TH LN  
OCALA, FL 34471 US

**FEI Number: 59-1694024**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KURTZ, JON M  
1720 SW 55TH LN  
OCALA, FL 34471 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BENZIK, BILL  
Address        1760 SW 55TH ST RD  
City-State-Zip: Ocala FL 34471

Title            T  
Name            DAY, STUART W  
Address        1721 SW 55TH LN  
City-State-Zip: Ocala FL 34471

Title            S  
Name            IZZI, ROSE  
Address        1800 SW 55TH ST RD  
City-State-Zip: Ocala FL 34471

Title            D  
Name            KURTZ, JON  
Address        1720 SW 55TH LN  
City-State-Zip: Ocala FL 34471

Title            D  
Name            FORNOF, PAUL  
Address        2065 SW 55TH ST RD  
City-State-Zip: Ocala FL 34471

*I hereby 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 all other like empowered.*

**SIGNATURE: JON M KURTZ**

**DIRECTOR**

**04/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date