

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007066

**FILED**  
**Mar 22, 2016**  
**Secretary of State**  
**CC4180970284**

**Entity Name:** GOOSE CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1990 VILLAGE GREEN WAY  
SUITE 2  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

P O BOX 13565  
TALLAHASSEE, FL 32317

**FEI Number: 59-3756099**

**Certificate of Status Desired: No**

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

EDDY, MARIE  
1990 VILLAGE GREEN WAY  
SUITE 2  
TALLAHASSEE, FL 32308 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           VP  
Name           TAYLOR, JAMES  
Address        132 PEYTON COURT  
City-State-Zip: TALLAHASSEE FL 32317

Title           PRESIDENT  
Name           LIEBLICK , WILLIAM  
Address        6045 RICH FARM ROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title           SECRETARY  
Name           HICKEY, BRIAN  
Address        216 WAYNARD WAY  
City-State-Zip: TALLAHASSEE FL 32317

Title           TREASURER  
Name           WILLIS, TOM  
Address        133 PEYTON COURT  
City-State-Zip: TALLAHASSEE FL 32317

Title           DIRECTOR  
Name           MADDEN, PHILIP  
Address        172 GOOSE CREEK TRAIL  
City-State-Zip: TALLAHASSEE FL 32317

Title           DIRECTOR  
Name           RIVERA, CHRIS  
Address        6172 JASON TRAIL  
City-State-Zip: TALLAHASSEE FL 32317

*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: WILLIAM LIEBLICK**

**P**

**03/22/2016**

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

\_\_\_\_\_  
Date