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: RALPH L ROBERTS

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: JAMES W HART JR				04/25/2015	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR		
Name	ROBERTS, RALPH L	Name	DONNELLY, JOE		
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000		
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779		
Title	TREASURER, SECRETARY, DIRECTOR	Title	DIRECTOR		
Name	KEOGH, SUSAN	Name	CARPENTER, KINDEL		
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000		
		City-State-Zip:	LONGWOOD FL 32779		
City-State-Zip:	LONGWOOD FL 32779				

## Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 **SUITE 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.

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

**SUITE 5000** LONGWOOD, FL 32779 US

## FEI Number: 20-8692554

2180 WEST SR 434

**Current Mailing Address:** 

### Entity Name: THE RESIDENCES AT GOLDEN OCALA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0500005980

PRESIDENT

FILED Apr 25, 2015 Secretary of State CC1613791974

Certificate of Status Desired: No