

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15694

Entity Name: GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1800 GOLDEN PONDS DR
FORT PIERCE, FL 34945**Current Mailing Address:**1800 GOLDEN POND DR
FORT PIERCE, FL 34945 US**FEI Number: 59-2807559****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHUQUI-CONDER, RUTH L
1800 GOLDEN POND DR.
FORT PIERCE, FL 34945 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: RUTH L. CHUQUI-CONDER****03/09/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	FRECHETTE, SCOTT
Address	1835 BAR HARBOR DR.
City-State-Zip:	FORT PIERCE FL 34945

Title	VP
Name	COX, HELEN
Address	9810 BOOTH BAY DR.
City-State-Zip:	FORT PIERCE FL 34945

Title	TD
Name	CHUQUI-CONDER, RUTH L
Address	10105 MILL CREEK LANE
City-State-Zip:	FORT PIERCE FL 34945

Title	ATD
Name	MORNEAULT, BERNICE
Address	1800 GOLDEN PONDS DR
City-State-Zip:	FORT PIERCE FL 34945

Title	VP ACTIVITIES
Name	CITTO, JEAN
Address	10114 MILL CREEK LANE
City-State-Zip:	FORT PIERCE FL 34945

Title	SECRETARY
Name	CAUDILL, DEBBIE
Address	1853 STONYBROOK DR.
City-State-Zip:	FORT PIERCE FL 34945

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: RUTH CHUQUI-CONDER**TREASURER****03/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date