

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15694

Entity Name: GOLDEN PONDS OF FORT PIERCE MOBILE HOME OWNERS' 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 DRIVE
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****03/03/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	KRAUSE, KIM
Address	1751 GOLDEN PONDS DR.
City-State-Zip:	FORT PIERCE FL 34945
Title	ATD
Name	DILLON, THOMAS
Address	10109 GREATWOODS POND DR.
City-State-Zip:	FORT PIERCE FL 34945
Title	VP
Name	LOVELAND, SUSAN
Address	1712 WALDEN POND DR.
City-State-Zip:	FORT PIERCE FL 34945
Title	DIRECTOR
Name	RUCKDESCHEL, SUSAN DR.
Address	1695 CHRISTMAS COVE 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	SD
Name	BREADNER, BETTY
Address	1699 CHRISTMAS COVE
City-State-Zip:	FORT PIERCE FL 34945
Title	DV/ACTIVITIES
Name	LANGE, JANINE
Address	1751 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****03/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date