

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000936

**Entity Name:** GOTH A RURAL SETTLEMENT ASSOCIATION, INC.**Current Principal Place of Business:**9561 GOTH A RD.  
WINDERMERE, FL 34786**Current Mailing Address:**P.O. BOX 1005  
GOTH A, FL 34734 US**FEI Number:** 61-1789466**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARDAMAN, KURT A  
FISHBACK DOMINICK BENNETT ARDAMAN AHLERS  
1947 LEE ROAD  
WINTER PARK, FL 32789 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           | C                           |
| Name            | SCHOEFFLER, RITA M          |
| Address         | 2205 LAKE NALLY WOODS DRIVE |
| City-State-Zip: | GOTH A FL 34734             |

|                 |                             |
|-----------------|-----------------------------|
| Title           | D                           |
| Name            | SCHOEFFLER, RAYMOND K       |
| Address         | 2205 LAKE NALLY WOODS DRIVE |
| City-State-Zip: | GOTH A FL 34734             |

|                 |                             |
|-----------------|-----------------------------|
| Title           | VCT                         |
| Name            | GONZALEZ, LAURIE            |
| Address         | 2217 LAKE NALLY WOODS DRIVE |
| City-State-Zip: | GOTH A FL 34734             |

|                 |                            |
|-----------------|----------------------------|
| Title           | S                          |
| Name            | SCHRETZMANN-MYERS, THERESA |
| Address         | 2713 TRYON PLACE           |
| City-State-Zip: | WINDERMERE FL 34786        |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | KLARE, KATHLEEN E   |
| Address         | 303 E. 7TH AVENUE   |
| City-State-Zip: | WINDERMERE FL 34786 |

|                 |                 |
|-----------------|-----------------|
| Title           | D               |
| Name            | MEADOR, LOUISE  |
| Address         | 1156 MILL ST    |
| City-State-Zip: | GOTH A FL 34734 |

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:** LAURIE V GONZALEZ**TREASURER****04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date