FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712765 (7)

1. Corporation Name
GOLDEN ACRES SUBURBAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9050 ELAINE DR P.O. BOX 73 NEW PT RICHEY FL 34656-7073	9050 ELAINE DR NEW PT RICHEY FL 34656-7073 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2722488 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLIFFORD W. LOUTHAN
10410 CASEY DR.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name: Alma C Paul
82 Street Address (P.O. Box Number is Not Acceptable): 9841 Lakeview Dr
83:
84 City: New Port Richey FL 85 Zip Code: 34654

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office (registered agent, or both, in the State of Florida). Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Alma C. Paul — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PAUL, ALMA	12 NAME	
STREET ADDRESS	9841 LAKEVIEW DR	13 STREET ADDRESS	
CITY ST ZIP	NEW PT. RICHEY FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	EDINGER, SHARON	22 NAME	
STREET ADDRESS	9116 JASMINE BLVD	23 STREET ADDRESS	
CITY ST ZIP	NEW PTRICHEY, FL 00000	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	METCALF, HELEN	32 NAME	
STREET ADDRESS	10300 GROVE DR	33 STREET ADDRESS	
CITY ST ZIP	PORT RICHEY FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HAAS, LLOYD	42 NAME	
STREET ADDRESS	10412 HARE ST.	43 STREET ADDRESS	
CITY ST ZIP	PORT RICHEY FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GICK, MARTIN	52 NAME	
STREET ADDRESS	9801 HILLTOP DR.	53 STREET ADDRESS	REMITTED BY MAY 1
CITY ST ZIP	NEW PORT RICHEY FL	54 CITY ST ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	LOUTHAN, CLIFFORD	62 NAME	
STREET ADDRESS	10410 CASEY DRIVE	63 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alma C Paul — 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

ALMA C PAUL — 813-868-3361
TYPED OR PRINTED NAME — DAYTIME PHONE NUMBER

0087900