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Secretary of State

05-06-1999 90030 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712765					
1. Corporation Name GOLDEN ACRES SUBURBAN ASSOCIATION, INC.					
Principal Place of Business 9350 ELAINE DR P.O. BOX 73 NEW PT RICHEY FL 34656-7073			Mailing Address 9350 ELAINE DR NEW PT RICHEY FL 34656-7073 US		

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2. Principal Place of Business 21 <u>9350 ELAINE DR</u>		2a. Mailing Address 26 <u>P.O. BOX 471</u>		3. Date Incorporated or Qualified 05/18/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2722488	
22. City & State 23 <u>NEW PORT RICHEY</u>		27. City & State 28 <u>PORT RICHEY, FL</u>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip Country 24 <u>34654</u> 25 <u>USA</u>		Zip Country 29 <u>34673-0471</u> 30 <u>USA</u>		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent PAUL, ALMA C 9841 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654				10. Name and Address of New Registered Agent	
81 Name <u>PAUL LEMBO</u>				82 Street Address (P.O. Box Number is Not Acceptable) <u>9880 OSCEOLA DRIVE</u>	
83				84 City <u>NEW PORT RICHEY</u> FL 85 Zip Code <u>34654</u>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 617.0503, Florida Statutes. SIGNATURE <u>Paul Lembo</u> DATE <u>5-19-99</u>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	PAUL, ALMA	1.2 NAME	PAUL LEMBO
STREET ADDRESS	9841 LAKEVIEW DR	1.3 STREET ADDRESS	9880 OSCEOLA
CITY-ST-ZIP	NEW PT. RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	VD ☐ DELETE	2.1 TITLE	VICE President ☐ Change ☒ Addition
NAME	EDINGER, SHARON	2.2 NAME	JACKIE MORTON
STREET ADDRESS	9118 JASMINE BLVD	2.3 STREET ADDRESS	10111 BUCK DR.
CITY-ST-ZIP	NEW PT RICHEY, FL 00000	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	SD ☐ DELETE	3.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	METCALF, HELEN	3.2 NAME	LINDA ZOLTON
STREET ADDRESS	10300 GROVE DR	3.3 STREET ADDRESS	9350 YELLOW LAKE
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	D ☐ DELETE	4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	HAAS, LLOYD	4.2 NAME	GEORGE BENSON
STREET ADDRESS	10412 HARE ST.	4.3 STREET ADDRESS	9130 YELLOW LAKE
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D ☐ DELETE	5.1 TITLE	Director ☐ Change ☒ Addition
NAME	GICK, MARTIN	5.2 NAME	JIM MELTS
STREET ADDRESS	9801 HILLTOP DR.	5.3 STREET ADDRESS	LAKEVIEW
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	TD ☐ DELETE	6.1 TITLE	Director ☐ Change ☒ Addition
NAME	LOUTHAN, CLIFFORD	6.2 NAME	Sandra McGOWAN
STREET ADDRESS	10410 CASEY DRIVE	6.3 STREET ADDRESS	HILLTOP
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Paul Lembo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

727-868-3661

Daytime Phone #

CR2E037 (1/98)