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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90037 009 \*\*\*\*61.25

DOCUMENT # 736538

1. Corporation Name

GOLDEN ACRES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

1720 SW 55TH LANE  
OCALA FL 34474  
US

Mailing Address

1720 SW 55TH LANE  
OCALA FL 34474  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/04/1976

4. FEI Number

59-1694024

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KURTZ, KAY OSBORNE  
1720 SW 55TH LANE  
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME DAY, STEWART  
STREET ADDRESS 1721 S.W 55TH LANE  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME KURTZ, KAY OSBORNE  
STREET ADDRESS 1720 SW 55TH LANE  
CITY-ST-ZIP Ocala FL 34474

TITLE PD  
NAME NANDKUMAR, JARVE  
STREET ADDRESS 2091 SW 55TH STREET RD  
CITY-ST-ZIP Ocala FL 34474

TITLE TD  
NAME FORNOF, PAUL  
STREET ADDRESS 2065 S.W. 55TH STREET RD.  
CITY-ST-ZIP Ocala FL

TITLE SD  
NAME JONES, RICHARD  
STREET ADDRESS 1700 S.W. 5TH LANE  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME JURTZ, JON  
STREET ADDRESS 1720 SW 55TH LANE  
CITY-ST-ZIP Ocala FL 34474

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 E. Fornof  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E. Fornof

Date

4/14/99

Daytime Phone #

(352)

873-7250

CR2E037 (1/98)