

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90070 044 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # 736538 1. Entity Name GOLDEN ACRES COMMUNITY ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1621 SW 55TH LANE OCALA FL 34474 US | | | | Mailing Address 1621 SW 55TH LANE OCALA FL 34474 US | |
| 2. Principal Place of Business 2065 SW 55th ST. RD. | | 3. Mailing Address 2065 SW 55th ST. RD. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State OCALA, FL | | City & State OCALA, FL | | 4. FEI Number 59-1694024 | |
| Zip 34474 | | Country MARION | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SCHLIETER, WILLARD R 1621 SW 55TH LANE OCALA FL 34474 | | | 7. Name and Address of New Registered Agent Name PAUL E. FORNOF, PAUL E. Street Address (P.O. Box Number is Not Acceptable) 2065 SW 55th ST. RD. City OCALA FL Zip Code 34474 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Paul E. Fornof</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> PAUL E. FORNOF <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 04/15/04 <small>DATE</small> </div> </div> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SCHLIETER, WILLARD 1621 SW 55TH LANE OCALA FL 34474 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD DAY, DOROTHY 1721 SW 55TH LANE OCALA FL 34474 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S/D APRIL METZLER 1631 SW 55th ST. RD. OCALA, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T FORNOF, PAUL 2065 SW 55TH ST. RD. OCALA FL 34474 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD DAY, STEWART 1721 SW 55 LANE OCALA FL 34474 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P/D CHUCK BARBERIE 1890 SW 55th LANE OCALA, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BOOTH, JANE S 1771 SW 55 SR OCALA FL 34474 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARBERIE, KRISTI 1890 SW 55TH LANE OCALA FL 34474 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Paul E. Fornof</i> , Treasurer | | | 4/15/04 352-873-7250 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |