

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90088 046 \*\*\*\*61.25

**DOCUMENT # 736538**

1. Entity Name

GOLDEN ACRES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

2065 SW 55TH ST. RD.  
OCALA FL 34474  
US

Mailing Address

2065 SW 55TH ST. RD.  
OCALA FL 34474  
US

2. Principal Place of Business - No P.O. Box #

2090 SW 55TH ST. RD.

Suite, Apt. #, etc.

3. Mailing Address

2090 SW 55TH ST. RD.

Suite, Apt. #, etc.

City & State  
OCALA, FL

Zip  
34474

Country  
USA

City & State  
OCALA, FL

Zip  
34474

Country  
USA

4. FEI Number

59-1694024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORNOF, PAUL E  
2065 SW 55TH ST. RD.  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name  
TAMIE LANGE

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

2090 SW 55TH ST. RD.

City  
OCALA, FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUST, FRED  
1621 SW 55TH LANE  
OCALA FL 34474 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARNES, CASPER W  
1901 SW 55TH LN  
OCALA FL 34474 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
FORNOF, PAUL  
2065 SW 55TH ST. RD.  
OCALA FL 34474 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RAI, SWAROOP  
1900 SW 55TH ST RD  
OCALA FL 34474 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOOTH, JANE S  
1771 SW 55 SR  
OCALA FL 34474 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HARVE, NANDKUMAR  
2091 SW 55TH ST RD  
OCALA FL 34474 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V  
SCOTT SNYDER  
2120 SW 55TH ST. RD.  
OCALA, FL 34474 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HARVEY ERP  
2350 SW 55TH ST RD  
OCALA, FL 34474 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BRENDA ERP  
2350 SW 55TH ST. RD.  
OCALA, FL 34474 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
TAMIE LANGE  
2090 SW 55TH ST RD  
OCALA, FL 34474 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TON KURTZ  
1720 SW 55TH LANE  
OCALA, FL 34474 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #