2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 736538

Entity Name: GOLDEN ACRES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1721 SW 55TH LN
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1721 SW 55TH LN
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-1694024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAY, STUART W
1721 SW 55TH LN
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SINGBUSH, JACK	
Address:	1760 SW 55TH ST RD	
City-St-Zip:	OCALA, FL 34471	
Title:	T	( ) Delete
Name:	DAY, STUART W	
Address:	1721 SW 55TH LN	
City-St-Zip:	OCALA, FL 34471	
Title:	DV	( ) Delete
Name:	SNYDER, SCOTT	
Address:	2090 SW 55TH SR	
City-St-Zip:	OCALA, FL 34474	
Title:	S	( ) Delete
Name:	IZZI, ROSE	
Address:	1800 SW 55TH ST RD	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	KURTZ, JON	
Address:	1720 SW 55TH LN	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	FORNOF, PAUL	
Address:	2065 SW 55TH ST RD	
City-St-Zip:	OCALA, FL 34471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	BENCSIK, BILL	
Address:	1801 SW 55TH LANE	
City-St-Zip:	OCALA, FL 34471	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART W. DAY T 04/30/2009

Electronic Signature of Signing Officer or Director — Date