

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751079

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** GOLDEN GATE MANOR ASSOCIATION, INC.

**Current Principal Place of Business:**

202 CAROLINE STREET  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

202 CAROLINE ST  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: 59-2237639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REEVES, LESLIE C  
1080 S. DILLARD  
WINTER GARDEN, FL 34787 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: DVP ( ) Delete  
Name: BREWSTER, JAMES  
Address: 202 CAROLINE STREET #104  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DP ( ) Delete  
Name: REEVES, JO  
Address: 1080 S. DILLARD  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: BROWN, SHELLEY  
Address: 5350 TAPSCOTT AVE  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: GUSTAFSON, GARY  
Address: 202 CAROLINE STREET #104  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: DR JO REEVES

Electronic Signature of Signing Officer or Director

PRES

03/19/2009

\_\_\_\_\_ Date