2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2005 8:00 am
Secretary of State
01-12-2005 90009 019 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # 753817

1. Entity Name
GOLDEN RAINTREE I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7107 W. COMMERCIAL BLVD. STE 4-A FORT LAUDERDALE, FL 33319 US	1323 LYONS RD COCONUT CREEK, FL 33063 US

2. Principal Place of Business	3. Mailing Address
Transcontinental Prop.	
Suite, Apt. #, etc.: 1323 Lyons Road	Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State
Zip: 33063 Country: USA	Zip Country

4. FEI Number: 59-2035580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FALIKOWSKI, BETH 2659 NW 42ND AVE COCONUT CREEK, FL 33066	Name: Thomas Messer Street Address (P.O. Box Number is Not Acceptable): Transcontinental Prop. Mgmt. 1323 Lyons Road City: Coconut Creek FL Zip Code: 33063

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: Beth Falikowski 1/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTD GOCINSKI, MARY A 2651 NW 42 AVE COCONUT CREEK, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GREEN, MYLES 2551 NE 42 AVE. COCONUT CREEK, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPD FALIKOWSKI, BETH 2659 NW 42ND AVD COCONUT CK, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, DOMINIC 2635 NW 42 AVE COCONUT GROVE, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORALES, ALDO 2767 NW 42 AVE COCONUT GROVE, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Beth Falikowski 1/7/05 954-979-9854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #