2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 753817



FILED Mar 23, 2006 8:00 am Secretary of State

1. Entity Name GOLDEN RAINTREE I HOMEOWNERS' ASSOCIATION, INC.									03-23-2000	90018 0	10 ,	51.23	
TRANSCONTINENTAL PROP. 1323				Address LYONS RD NUT CREEK, FL 3	3063	US		4 (11) (44)				4959	
2. Principal Place of Business 3. Ma			3. Mailir	Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02082006	Chg-NP	CR2E	037 (11/0	5)	
City & State			City & State				4. FEI Number 59-203558					Applied For Not Applica	_
Zip Country			Zip	Zip Cour				5. Certificate	of Status Desired		\$8.75 Fee Req	Additional uired	•
	6. Name a	and Address of Current F	Registered	Agent	·			7. Name and	Address of Nev	v Registere	Agent		
MESSAR.	THOMAS		-	_	٠.	Name	_		- -				
MESSAR, THOMAS 1323 LYONS ROAD POMPANO BEACH, FL 33063					Street Ad	ldress (F	P.O. Box Numb	er is Not Accepta	ple)				
	·					City	<u>.</u> _				- Zin (Code	
						City				F		2000	
	named entity tions of registe	submits this statement for ared agent.	the purpo	se of changing its	register	ed office or	register	ed agent, or bo	oth, in the State of	Florida. I ar	m familiar v	ith, and acc	ept
SIGNATURE .													
	Cincol					- A		(maintenance)		DATE			
	Signature, typeu o	or printed name of registered agent a	ind title if appli	cable. (NOT	E: Registere	d Agent Ingristor	re required	when reinstating)		DATE	•		
	Filing Fee	e is \$61.25 ay 1, 2006	Ind little if appli	9. Election Cal	mpaign f	inancing	re required	\$5.00 May I		Make che lorida Dep	ck payab		
10.	Filing Fee	e is \$61.25 ay 1, 2006		9. Election Car	mpaign F Contribut	inancing ion. [\$5.00 May I Added to Fees	s F	Make che lorida Dep	ck payab artment o	f State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

BUTH FALL LOUIS LA BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR