

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2006 90018 018 ****61.25

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DOCUMENT # 753817 1. Entity Name GOLDEN RAIN TREE I HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business TRANSCONTINENTAL PROP. 1323 LYONS ROAD POMPANO BEACH, FL 33063 US			Mailing Address 1323 LYONS RD COCONUT CREEK, FL 33063 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2035580	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MESSAR, THOMAS 1323 LYONS ROAD POMPANO BEACH, FL 33063				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOCINSKI, MARY A		NAME		
STREET ADDRESS	2651 NW 42 AVE		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, MYLES		NAME		
STREET ADDRESS	2551 NE 42 AVE.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	DPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALIKOWSKI, BETH		NAME		
STREET ADDRESS	2659 NW 42ND AVD		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CK, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERS, DOMINIC		NAME	Peters, Dominic	
STREET ADDRESS	2635 NW 42 AVE		STREET ADDRESS	2635 NW 42 Ave.	
CITY-ST-ZIP	COCONUT GROVE, FL 33066		CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALES, ALDO		NAME	Morales, Debra	
STREET ADDRESS	2767 NW 42 AVE		STREET ADDRESS	2767 NW 42 Ave	
CITY-ST-ZIP	COCONUT GROVE, FL 33066		CITY-ST-ZIP	Coconut Creek FL 33066	
TITLE		<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Alfred Sheber	
STREET ADDRESS			STREET ADDRESS	2637 NW 42 Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Coconut Creek FL 33066	
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: <u>Beth Falkowski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/21/06 954 979 3620 <small>Date Daytime Phone #</small>		