2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# 753819

Entity Name: GOLDEN RAINTREE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

C/O TRANSCONTINENTAL MGMT.
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

Current Mailing Address:

1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

New Mailing Address:

C/O TRANSCONTINENTAL MGMT.
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

FEI Number: 59-2045840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTIN, ROBERT C ESQ
319 SE 14TH STREET
FT LAUDERDALE, FL 33316 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: STEVENS, DONALD J
Address: 2059 NW 45TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: T ( ) Delete
Name: MANGINI, WILLIAM
Address: 2025 NW 45 AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: S ( ) Delete
Name: ROSENBERG, NORMA
Address: 2027 NW 45 AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: EUCIUAM, SILVA
Address: 2019 NW 45 AVE
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DONALD STEVENS PD 05/07/2009
Electronic Signature of Signing Officer or Director — Date