SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

0012306

DOCUMENT # 758287 (7)

1. Corporation Name

GOTHA COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10807 GOTHA RD GOTHA FL 34734 US	P O BOX 192 GOTHA FL 34734 US

3. Date Incorporated or Qualified: 11/03/1981

4. FEI Number: 54-1938820 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NICKESON, KEN
9627 WESTOVER ROBERTS ROAD
P O BOX 494
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Delete "PO BOX 494"

84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	KEIM, LARRY		1.2 NAME	ANN KIEM	
STREET ADDRESS	9304 GOTHA ROAD		1.3 STREET ADDRESS	9304 GOTHA ROAD	
CITY-ST-ZIP	WINDEMERE FL		1.4 CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	NICKESON, KEN		2.2 NAME	HILDA LAGO	
STREET ADDRESS	9627 WESTOVER ROBERTS		2.3 STREET ADDRESS	P.O. BOX 573 N/A	
CITY-ST-ZIP	WINDEREMERE FL		2.4 CITY-ST-ZIP	Gotha, FL 34734	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	KEIM, ANN		3.2 NAME	LARRY KIEM	
STREET ADDRESS	9304 GOTHA RD		3.3 STREET ADDRESS	9304 Gotha Road	
CITY-ST-ZIP	WINDERMERE FL		3.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NICKESON, KEN		4.2 NAME		
STREET ADDRESS	5-38 WESTOVER ROBERTS		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth Nickeson Kenneth Nickeson, Treas 7/26/98 407-290-0154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #