


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90074 013 ****61.25

| | | | | | |
|--|------------------------------------|---|--|---|--|
| DOCUMENT # 758287 1. Entity Name GOTHA COMMUNITY ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 9561 GOTHA RD GOTHA, FL 34734 US | | | Mailing Address P O BOX 192 GOTHA, FL 34734 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 54-1938820 | |
| 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 | |
| CHABOT, RALPH S TREASUR 2677 S HEMPEL AVE GOTHA, FL 34734 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | D <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | ARDAMAN, KURT | NAME | KORDYS MICHAEL | | |
| STREET ADDRESS | 170 E WASHINGTON ST | STREET ADDRESS | 1614 CERULEAN WAY | | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | CITY-ST-ZIP | GOTHA, FL 34734 | | |
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FAIN, MARGIE | NAME | | | |
| STREET ADDRESS | 9842 MOHRS COVE LANE | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | CITY-ST-ZIP | | | |
| TITLE | DT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHABOT, RALPH S | NAME | | | |
| STREET ADDRESS | P O BOX 505 | STREET ADDRESS | | | |
| CITY-ST-ZIP | GOTHA, FL 34734 | CITY-ST-ZIP | | | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SIMMONS, DENZELL | NAME | | | |
| STREET ADDRESS | 1329 DINGENS AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WERY, CAMILLE | NAME | | | |
| STREET ADDRESS | 10568 MOORE RD | STREET ADDRESS | | | |
| CITY-ST-ZIP | GOTHA, FL 34734 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WERY, TELETHE | NAME | | | |
| STREET ADDRESS | 10568 MOORE RD | STREET ADDRESS | | | |
| CITY-ST-ZIP | GOTHA, FL 34734 | CITY-ST-ZIP | | | |
| 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>Ralph S. Chabot</u> RALPH S. CHABOT | | | 4/29/07 407-299-3697 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |