

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758287

FILED
Apr 28, 2008
Secretary of State

Entity Name: GOTH A COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9561 GOTH A RD
GOTH A, FL 34734 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 192
GOTH A, FL 34734 US

New Mailing Address:

FEI Number: 54-1938820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHABOT, RALPH S TREASUR
2677 S HEMPEL AVE
GOTH A, FL 34734 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: D () Delete
Name: ARDAMAN, KURT
Address: 170 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801

Title: DS () Delete
Name: FAIN, MARGIE
Address: 9842 MOHRS COVE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: DT () Delete
Name: CHABOT, RALPH S
Address: P O BOX 505
City-St-Zip: GOTH A, FL 34734

Title: DP () Delete
Name: SIMMONS, DENZELL
Address: 1329 DINGENS AVE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: WERY, CAMILLE
Address: 10568 MOORE RD
City-St-Zip: GOTH A, FL 34734

Title: D () Delete
Name: WERY, TELETHE
Address: 10568 MOORE RD
City-St-Zip: GOTH A, FL 34734

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
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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: RALPH S. CHABOT

DT

04/28/2008

Electronic Signature of Signing Officer or Director

Date