

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 758287

FILED
Nov 26, 2014
Secretary of State

Entity Name: GOTH A COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9561 GOTH A RD
WINDERMERE, FL 34786 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
WINDERMERE, FL 34786 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: RALPH S CHABOT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS
Name: HARGREAVES, DOREEN
Address: 10533 OAK VIEW POINTE TER
City-St-Zip: GOTH A, FL 34734

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

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

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

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

Title: D
Name: ARDAMAN, KURT
Address: 1947 LEE RD
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: DOREEN HARGREAVES

DS

11/26/2014

Electronic Signature of Signing Officer or Director

Date