

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91806 007 *****61.25

DOCUMENT # 758287

1. Entity Name

GOTHA COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**10807 GOTHA RD
GOTHA FL 34734
US**

Mailing Address

**P O BOX 192
GOTHA FL 34734
US**

2. Principal Place of Business

9561 GOTHA RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GOTHA, FL

City & State

Zip

34734

Country

US

Country

4. FEI Number **54-1938820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WERY, CAM
10568 MOORE RD.
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

LARRY KIEM

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

9304 GOTHA RD.

City

WINDERMERE

FL

Zip Code

34786

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **WERY, CAM**
STREET ADDRESS **10568 MOORE ROAD**
CITY-ST-ZIP **GOTHA FL 34734**

TITLE **DS** ☐ Delete
NAME **FAIN, MARGIE**
STREET ADDRESS **9842 MOHRS COVE LANE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **DT** ☐ Delete
NAME **FAKIE, LARRY**
STREET ADDRESS **9304 GOTHA RD.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **DV** ☐ Delete
NAME **WERY, TELETHE**
STREET ADDRESS **10568 MOORE RD.**
CITY-ST-ZIP **GOTHA FL 34734**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
NAME **ARDAMAN, KURT**
STREET ADDRESS **170 E. WASHINGTON ST.**
CITY-ST-ZIP **ORLANDO, FL. 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **KIEM, LARRY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

[Signature] **LARRY KIEM**

4/29/03 (407) 298-0319

CR2E037 (10/02)