

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759217

FILED
Jan 21, 2011
Secretary of State

Entity Name: GOLDEN RAIN TREE III HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MGMT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O CONSOLIDATED COMMUNITY MGMT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-2140582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCTON, LLOYD W
400 S.E. 18TH ST
FORT LAUDERDALE, FL 33316 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: PD
Name: GOLDBIRSH, AILEEN
Address: 3031 NW 48TH AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD
Name: TALERICO, PEGGY
Address: 4757 NW 30TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD
Name: MAGLIO, CHARLES
Address: 4654 NW 30TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: D
Name: KREIG, SID
Address: 4765 NW 30TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: D
Name: BURRELL, VICKI
Address: 4769 NW 30TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

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: AILEEN GOLDBIRSH

PD

01/21/2011

Electronic Signature of Signing Officer or Director

_____ Date