

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90227 035 \*\*\*\*61.25

**DOCUMENT # 761213**

1. Entity Name

THE GOLDENROD AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business

4755 PALMETTO AVE  
WINTER PARK FL 32792

Mailing Address

P.O. BOX 61  
COLDENROD FL 32733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2257198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER SARAH  
5216 LAZY OAKS DR  
WINTER PARK FL 32792

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME SANG, LINDA  
STREET ADDRESS 6976 ALOMA AVE.  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE PD ☒ Change ☐ Addition  
NAME HARVEY, Bob  
STREET ADDRESS 6801 UNIVERSITY BLVD Ste 9  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE PED ☒ Delete  
NAME COLLEY, CARLTON E  
STREET ADDRESS 1850 LEE RD., STE 115  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE SANG, LINDA PP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6976 ALOMA AVE  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE TD ☐ Delete  
NAME FOX, DOROTHEA  
STREET ADDRESS 5100 OLD HOWELL BENCH RD.  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE PED ☒ Change ☐ Addition  
NAME LAWRENCE Phillips  
STREET ADDRESS 401 S. SEMORAN BLVD  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE PP ☒ Delete  
NAME REGNEE, JOSEPH E JR  
STREET ADDRESS 1121 ORANGE AVE.  
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE PP ☒ Delete  
NAME HINKLEY, MICHAEL  
STREET ADDRESS 7523 ALOMA AVE.  
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE SD ☐ Delete  
NAME MCLEOD, ROBIN  
STREET ADDRESS 2282 SUNNYVIEW DR  
CITY-ST-ZIP OVIEDO FL 32765

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 exemptions contained in Section 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:

*Sarah M. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #