

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 AM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763365 (4)
1. Corporation Name
GOLDENROD VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O DON ASHER & ASSOCIATES **C/O DON ASHER & ASSOCIATES**
52 EAST SOUTH STREET **52 EAST SOUTH STREET**
ORLANDO FL 32801 **ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1982** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-2214618** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DON ASHER & ASSOCIATES, INC.
52 E SOUTH STREET
ORLANDO FL 32801

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **PAUGH, ROBERT**
STREET ADDRESS **598 LAKE HOWELL**
CITY-ST-ZIP **MAITLAND FL**
TITLE **TD**
NAME **STEELEY, CATHY**
STREET ADDRESS **7768 COUNTRY PL**
CITY-ST-ZIP **WINTER PARK FL**
TITLE **SD**
NAME **JURICH, MARY LOU**
STREET ADDRESS **7761 COUNTRY PL**
CITY-ST-ZIP **WINTER PARK FL**
TITLE **VD**
NAME **D'ALESSANDRIS, TELMO**
STREET ADDRESS **7768 COUNTRY PLACE**
CITY-ST-ZIP **WINTER PARK FL**
TITLE **D**
NAME **PAGLIEI, TULLIO**
STREET ADDRESS **7726 COUNTRY PLACE**
CITY-ST-ZIP **WINTER PARK FL**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **ROSLOSKI, RICHARD**
5.4 CITY-ST-ZIP **7765 COUNTRY PL**
WINTER PARK, FL 32792
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Robert Paugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT PAUGH

Date

Daytime Phone #