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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32801-3308

3. Date Incorporated or Qualified 05/19/1982 3a. Date of Last Report 05/01/1996

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 Zip
24 Country 29 Country

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DON ASHER & ASSOCIATES, INC.
52 E SOUTH STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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
TITLE PD PAUGH, ROBERT
NAME 598 LAKE HOWELL
STREET ADDRESS MAITLAND FL
CITY-ST-ZIP
TITLE TD STEELEY, CATHY
NAME 7768 COUNTRY PL
STREET ADDRESS WINTER PARK FL
CITY-ST-ZIP
TITLE SD JURICH, MARY LOU
NAME 7761 COUNTRY PL
STREET ADDRESS WINTER PARK FL
CITY-ST-ZIP
TITLE VD D'ALESSANDRIS, TELMO
NAME 7796 COUNTRY PLACE
STREET ADDRESS WINTER PARK FL
CITY-ST-ZIP
TITLE D PAGLIEI, TULLIO
NAME 7726 COUNTRY PLACE
STREET ADDRESS WINTER PARK FL
CITY-ST-ZIP
TITLE D ROSLOSKI, RICHARD
NAME 7765 COUNTRY PL
STREET ADDRESS WINTER PARK FL 32792
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE VD
4.2 NAME SIMMONS, DETSEY
4.3 STREET ADDRESS 1696 SPICEWOOD LANE
4.4 CITY-ST-ZIP CASSELBERRY, FL 32707
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE D
6.2 NAME D'ALESSANDRIS, TELMO
6.3 STREET ADDRESS 7796 COUNTRY PLACE
6.4 CITY-ST-ZIP WINTER PARK, FL 32792

14. I do 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 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 an address.

SIGNATURE: [Signature] 4-16-97 405-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015793

CR2E037 (9/96)