

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90102 018 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763365

1. Corporation Name

GOLDENROD VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O DON ASHER & ASSOCIATES  
52 EAST SOUTH STREET  
ORLANDO FL 32801

Mailing Address

C/O DON ASHER & ASSOCIATES  
52 EAST SOUTH STREET  
ORLANDO FL 32801



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

05/19/1982

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

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  
NAME PAUGH, ROBERT  
STREET ADDRESS 598 LAKE HOWELL  
CITY-ST-ZIP MAITLAND FL

DELETE

TITLE TD  
NAME STEELEY, CATHY  
STREET ADDRESS 7768 COUNTRY PL  
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE SD  
NAME JURICH, MARY LOU  
STREET ADDRESS 7761 COUNTRY PL  
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE D  
NAME D'ALLESSANDRIS, TELMO  
STREET ADDRESS 7796 COUNTRY PLACE  
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE VD  
NAME SIMMONS, BETSEY  
STREET ADDRESS 1696 SPICEWOOD LANE  
CITY-ST-ZIP CASSELBERRY FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME ROBERT PAUGH  
1.3 STREET ADDRESS 598 LAKE HOWELL  
1.4 CITY-ST-ZIP MAITLAND FL

Change Addition

2.1 TITLE TD  
2.2 NAME TIK D'ALLESSANDRIS  
2.3 STREET ADDRESS 7796 COUNTRY PLACE  
2.4 CITY-ST-ZIP WINTER PARK, FL

Change Addition

3.1 TITLE TD  
3.2 NAME MAUREEN CURRAN  
3.3 STREET ADDRESS 7763 Country Place  
3.4 CITY-ST-ZIP Winter Park, FL

Change Addition

4.1 TITLE  
4.2 NAME KATHY BURKE  
4.3 STREET ADDRESS 7747 Country Place  
4.4 CITY-ST-ZIP Winter Park

Change Addition

5.1 TITLE  
5.2 NAME MARK SIMMONS  
5.3 STREET ADDRESS 7707 Country Place  
5.4 CITY-ST-ZIP Winter Park

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

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

3/25/99  
Date

407 425-4501  
Daytime Phone #

CR2E037 (11/98)