2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# 763365

Entity Name: GOLDENROD VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O FLARENT INC. 274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

C/O FLARENT INC
274 WILSHIRE BLVD STE 282
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2214618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, GEOFFREY W
274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 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	( ) Delete
Name:	CURRAN, MAUREEN	
Address:	7763 COUNTRY PLACE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	DS	( ) Delete
Name:	VARGAS, DESI FAGOT	
Address:	7787 COUNTRY PL	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	TD	( ) Delete
Name:	RISH, CRYSTAL	
Address:	7704 COUNTRY PLACE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	VPD	( ) Delete
Name:	OWEN, CRIS	
Address:	7765 COUNTRY PLACE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	SANTIAGO, JOSE	
Address:	7724 COUNTRY PLACE	
City-St-Zip:	WINTER PARK, FL 32792	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAUREEN CURRAN PD 02/13/2007
Electronic Signature of Signing Officer or Director — Date