

FILE NOW..FILING FEE IS \$61.25

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90061 013 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 767942

1. Corporation Name

GOLDENGATE PINWOOD CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

5459 FALCON LANE
WEST CHESTER OH 45069

Mailing Address

5459 FALCON LANE
WEST CHESTER OH 45069



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/13/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

58-1779151

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLACK, MARK A.
3401 TAMiami TRAIL NO. SUITE 205-207
NAPLES FL 33940

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME STEELE, LARRY N
STREET ADDRESS 5459 FALCON LANE
CITY-ST-ZIP W. CHESTER OH 45069

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WARD, CAROL
STREET ADDRESS 200 HILLCREST DR.
CITY-ST-ZIP CINCINNATI OH

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME WARD, JOHN
STREET ADDRESS 200 HILLCREST DR.
CITY-ST-ZIP CINCINNATI OH

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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)(l), 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

LARRY N. STEELE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99

513 779-1220

CR2E037 (11/98)