

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

99 MAR 17 PM 4: 13

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
A98000002062

GORHAM POND, LTD.

Mailing Address

6919 S.E. MOURNING DOVE WAY
LOBLOLLY PINES
HOBE SOUND FL 33455

Principal Office Address

6919 S.E. MOURNING DOVE WAY
LOBLOLLY PINES
HOBE SOUND FL 33455

3. Date Formed or Registered

08/31/1998

5a. Capital Contributions as
Shown on record

\$9,900.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

9,900.00

4. State or Country of Formation

FL

6. FEI Number

65-0862063

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

FISKE, E. JACQUELINE
6919 S.E. MOURNING DOVE WAY
LOBLOLLY PINES
HOBE SOUND FL 33455

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

GORHAM POND ENTERPRISES, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6919 S.E. MOURNING DO

11b. City, State & Zip Code

HOBE SOUND FL 33455

11c. Registration/
Document Number

P98000075755

400002813014--4
-03/25/99--01110--005
****158.05 ****158.05

SL
3-23-99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

GORHAM POND ENTERPRISES, INC.
JACQUILINE FISKE, President

DATE

2/20/99

Typed or Printed Name of General Partner Signing Form

JACQUILINE FISKE, PRESIDENT

Daytime Telephone Number

(412) 392-2076

CR2E003 (12/98)