

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90026 040 \*\*\*\*61.25

4401J001



01292004 Chg-NP CR2E037 (10/03)

4. FEI Number  
58-2517004

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WRIGHT, KENNETH W  
20 N. ORANGE AVE., STE. 1000  
ORLANDO, FL 32801-4626

## 7. Name and Address of New Registered Agent

Name Corporation Service Co.  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City Tallahassee FL Zip Code 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZIMMER, JEFFREY L	
STREET ADDRESS	111 PRINCESS ST.	
CITY-ST-ZIP	WILMINGTON, NC 28401	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, BRYAN M	
STREET ADDRESS	2221 LEE RD., STE. 22	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZIMMER, HERBERT J.	
STREET ADDRESS	111 PRINCESS ST.	
CITY-ST-ZIP	WILMINGTON, NC 28401	
TITLE	P	<input type="checkbox"/> Delete
NAME	JoAnn Gouvard	
STREET ADDRESS	920 Eagle Lane	
CITY-ST-ZIP	Applle Beach, FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jon S. Wheeler	
STREET ADDRESS	580 E. MAIN ST.	
CITY-ST-ZIP	Norfolk, VA 23510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Managing Member  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 (787) 627-9088  
Date Daytime Phone #

Attachments NO0000000297  
44019661

**To receive a form by mail:**

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

NO0000000297

GOLDENROD CENTER PROPERTY OWNERS' ASSOCIATION, INC.

PO BOX 2628

WILMINGTON NC 28402-2628

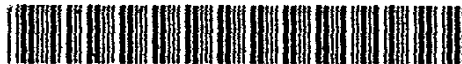
Goldenrod Center Property Owners'

Association, Inc.

580 E. Main Street, Suite 300

Norfolk, VA 23510

This Property Assoc. has a new owner.  
Pls. Chg to above  
address.



CR2E095 10/03