2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000297

1. Entity Name
GOLDENROD CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
580 E. MAIN ST., STE 300 NORFOLK, VA 23510	580 E. MAIN ST., STE 300 NORFOLK, VA 23510

DO NOT WRITE IN THIS SPACE

02172005 No 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

CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOUNAUD, JOANN
STREET ADDRESS	920 EAGLE LANE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	D
NAME	THOMAS, BRYAN M
STREET ADDRESS	2221 LEE RD., STE. 22
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	WHEELER, JON S
STREET ADDRESS	580 E. MAIN ST.
CITY-ST-ZIP	NORFOLK, VA 23510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80100-013 61.25

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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: _____ JON S. WHEELER, DIRECTOR 3/2/05 (757) 627-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #