2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURI					14pr 22, 2000 00:00			
1. Entity Nan GOLDEN	MENT # N000000002 IROD CENTER PROPERTY O ATION, INC.			Se	cretary	of State		
· · · · · · · · · · · ·	I ST., STE 300	Mailing Address 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				
	6. Name and Address of Current Reg	istered Agent			. ,,			
1201 HAY	ATION SERVICE CO. S STREET _ SSEE, FL 32301			NOT W				
8. The above named entity <u>submits</u> 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 Bills if applicable (NOTE Registered Agent signature, popular when retastaling) OATE								
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finan Trust Fund Contribution.	icing \$5. Add	00 May Be ed to Fees				
10.	OFFICERS AND DIR	ECTORS .	1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOUNAUD, JOANN 920 EAGLE LANE APOLLO BEACH, FL 33572		- 			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BRYAN M 2221 LEE RD., STE. 22 WINTER PARK, FL 32789	· · · · · · · · · · · · · · · ·			U0000	0324625		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, JON S 580 E. MAIN ST. NORFOLK, VA 23510			DO	NOT W	-80100-01 'RITE	3 61.25	
TITLS NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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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:

NAME STREET ADDRESS CITY-ST-ZIP

M. TOWN JEW S. WHETHER DIRECTOR

3/2/05

(157) 627-9088

Daytime Phone #