


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000297 1. Entity Name GOLDENROD CENTER PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 580 E. MAIN ST., STE 300 NORFOLK, VA 23510	Mailing Address 580 E. MAIN ST., STE 300 NORFOLK, VA 23510
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2517004	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE CO.
1201 HAYS STREET
TALLAHASSEE, FL 32301

*FILED PZ
5472-000*

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IN THIS SPACE**

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHEELER, JON S 580 E. MAIN ST. NORFOLK, VA 23510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**ENTERED
JUL 12 2006**

000000573558
08/07/06-80002-011 50.00
08/29/06-01005-019 11.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # _____

8/4/06