


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

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



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>58-2517004</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE CO. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

**DO NOT WRITE  
IN THIS SPACE**

U00000697217  
04/18/07-80031-025 61.25

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 an other like empowered.

SIGNATURE: *M. Zuhl* **DIRECTOR** 4/5/07 (757) 627-9088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #