

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000775

FILED
Mar 19, 2011
Secretary of State

Entity Name: GOOD SAMARITAN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1650 CALVIN CIR
KISSIMMEE, FL 34746

New Principal Place of Business:

4195 WALES STREET
KISSIMMEE, FL 34746

Current Mailing Address:

P.O. BOX 663
INTERCESSION CITY, FL 33848

New Mailing Address:

FEI Number: 59-3624799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, MICHAL
1650 CALVIN CIR
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

COLLINS, LEE J
529 VERSAILLES DR.
SUITE 103
MAITLAND, FL 32751 US

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.

SIGNATURE: LEE JAY COLLINS

03/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MONTFORD, LARRY
Address: 1620 TYNDAL LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: VDVP
Name: BEALL, LUCILLE
Address: 1620 WONDERLAND WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: TD
Name: HALL, DAVID
Address: 4195 WALES STREET
City-St-Zip: KISSIMMEE, FL 34746

Title: SD
Name: VASI, MARY JO
Address: 4194 WESLEY COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: D
Name: COLLINS, GORDON
Address: 1565 PARKGATE DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: D
Name: HULTSLANDER, JERRY
Address: 4194 WESTLEY COURT
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID HALL

TD

03/19/2011

Electronic Signature of Signing Officer or Director

Date