

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006357

FILED
Apr 30, 2004
Secretary of State

Entity Name: GOLDENROD CROSSINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

258 SOUTHHALL LANE SUITE 130
MAITLAND, FL 32751

New Principal Place of Business:

300 S. ORANGE AVE, STE 130
ORLANDO, FL 32801

Current Mailing Address:

258 SOUTHHALL LANE SUITE 130
MAITLAND, FL 32751

New Mailing Address:

220 N. MAIN ST., STE 200A
GREENVILLE, SC 29601

FEI Number: 59-3680969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ROBERT
258 SOUTHHALL LANE SUITE 130
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: CT CORP

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ROBERT
Address: 258 SOUTHHALL LANE SUITE 130
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: WALKER, LISA
Address: 258 SOUTHHALL LANE SUITE 130
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: VORHIES, KERRI
Address: 258 SOUTHHALL LANE SUITE 130
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: EADES, NANCY M
Address: 220 N. MAIN ST., STE 200A
City-St-Zip: GREENVILLE, SC 29601

Title: O (X) Change () Addition
Name: FRIDY, MARTIN
Address: 220 N. MAIN ST., STE 200A
City-St-Zip: GREENVILLE, SC 29601

Title: TREA (X) Change () Addition
Name: JASKWHICH, LEANNE
Address: 220 N. MAIN ST., STE 200A
City-St-Zip: GREENVILLE, SC 29601

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEANNE JASKWHICH

TREA

04/30/2004

Electronic Signature of Signing Officer or Director

Date