

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90022 039 ****61.25

DOCUMENT # N01000007066					
1. Entity Name GOOSE CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			Mailing Address 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box # 1607 VILLAGE SQ. BLVD Suite, Apt. #, etc. Ste 8		3. Mailing Address 1607 VILLAGE SQ. BLVD. Suite, Apt. #, etc. Ste 8			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 59-3756099	
Zip 32309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDDY, MARIE 7443 BEECH RIDGE TR. SUITE 1 TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name: EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable): 1607 VILLAGE SQ. BLVD Ste 8 City: TALLAHASSEE FL Zip Code: 32309		
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: DATE: 4/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DV NAME REHWINKLE, JAMES STREET ADDRESS 6144 JASON TR CITY-ST-ZIP TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE D NAME BULL, DAN STREET ADDRESS 149 Northwest TERR CITY-ST-ZIP TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME CULLEY, WALTER STREET ADDRESS 6014 RICH FARM RD CITY-ST-ZIP TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SMITH, MICHELE STREET ADDRESS 193 NORTH CUTT TERR CITY-ST-ZIP TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROSS, JOHN STREET ADDRESS 197 PITKIN TERR CITY-ST-ZIP TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROOT, LEIGH STREET ADDRESS 133 GOOSE CREEK TR CITY-ST-ZIP TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date: 4/11/08 Daytime Phone #: 850-874-1919		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					