
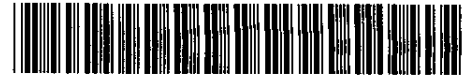


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90031 002 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000008549			
1. Entity Name <b>GOLDEN TRIANGLE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business P.O. BOX 952 EUSTIS FL 32726 32		Mailing Address P.O. BOX 952 EUSTIS FL 32726 32	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>30-0011855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SWEET, JEFFREY C ESQUIRE 595 W GRANADA BLVD STE A ORMOND BCH FL 32174</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RADNOTHY, JON M.D. 2709 REGAL POINT EUSTIS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>For</del> <b>Melanie Blankenship</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary 1748 Lake Terrace Dr. Eustis FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LENTINI, MARILYN F 1745 LAKE TERRACE DR EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Hector Garcia</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1851 Lake Terrace Dr. Eustis FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSES, HENRY 1780 LAKE TERRACE DR EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Scott Worrell</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1840 Lake Terrace Dr. Eustis FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas</b> <b>Marilyn F. Lentini</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1745 Lake Terrace Dr. Eustis FL 32726</b>
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
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 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 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:** Marilyn F. Lentini 3/3/04 352-357-1308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #