


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90372 017 \*\*\*\*61.25

<b>DOCUMENT # N01000008549</b>			
1. Entity Name <b>GOLDEN TRIANGLE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>P.O. BOX 952 EUSTIS FL 32726 7 32</b>		Mailing Address <b>P.O. BOX 952 EUSTIS FL 32726 7 32</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 <b>KATINA PAIT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1847 LAKE TERRACE DRIVE</b> City <b>EUSTIS</b> FL Zip Code <b>32726</b>	
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 <u>KATINA PAIT</u> <i>Katrina Pait</i> DATE <u>4/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RADNOTHY, JON M.D. 2709 REGAL POINT EUSTIS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P KATINA PAIT 1847 LAKE TERRACE DRIVE EUSTIS, FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENTINI, MARILYN F 1745 LAKE TERRACE DR EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V RICK RUSSELL 2260 TOPPING PLACE EUSTIS, FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANKENSHIP, MELANIE 1748 LAKE TERRACE DR. EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T JOHN BLANKENSHIP 1748 LAKE TERRACE DRIVE EUSTIS, FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, HECTOR 1851 LAKE TERRACE DR. EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAL PIGNATO 1752 LAKE TERRACE DRIVE EUSTIS, FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORRELL, SCOTT 1840 LAKE TERRACE DR. EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S JIM SHIRLEY 1819 LAKE TERRACE DRIVE EUSTIS, FL 32726 <input checked="" 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: <u>Katrina Pait</u> <i>Katrina Pait</i>		DATE <u>4/13/05</u> 352-483-4823	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	