

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 036 ****61.25

DOCUMENT # N01000008549

1. Entity Name

GOLDEN TRIANGLE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 952
EUSTIS FL 32726

Mailing Address

P.O. BOX 952
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

30-0011855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAIT, KATINA
595 W GRANADA BLVD STE A
1847 LAKE TERRACE DR
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

JOHN BLANKENSHIP

Street Address (P.O. Box Number is Not Acceptable)

1748 LAKE TERRACE DRIVE

City

EUSTIS

FL

Zip Code

32726

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

JOHN BLANKENSHIP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/06

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **PAIT, KATINA**
STREET ADDRESS **1847 LAKE TERRACE DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **DV** ☐ Delete
NAME **RUSSELL, RICK**
STREET ADDRESS **2260 TOPPING PL**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **DT** ☐ Delete
NAME **BLANKENSHIP, JOHN**
STREET ADDRESS **1748 LAKE TERRACE DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☐ Delete
NAME **PIGNATO, SAL**
STREET ADDRESS **1752 LAKE TERRACE DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **DS** ☐ Delete
NAME **SHIRLEY, JIM**
STREET ADDRESS **1819 LAKE TERRACE DR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **LAURA GARCIA** ☐ Change ☒ Addition
NAME **LAURA GARCIA**
STREET ADDRESS **1851 LAKE TERRACE DR**
CITY-ST-ZIP **EUSTIS, FL 32726** **(D. GARCIA)**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPIT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JOHN BLANKENSHIP

JOHN BLANKENSHIP

2/1/06 352.589.1104