2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N01000008549

Entity Name: GOLDEN TRIANGLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

NO STREET ADDRESS
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 952
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 30-0011855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLANKENSHIP, JOHN
1748 LAKE TERRACE DR
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: MARRERO, LAURA
Address: 1851 LAKE TERRACE DR
City-St-Zip: EUSTIS, FL 32726

Title: DT ( ) Delete
Name: LOGAN, DAVID C
Address: 1761 LAKE TERRACE DR
City-St-Zip: EUSTIS, FL 32726

Title: DP ( ) Delete
Name: BLANKENSHIP, JOHN
Address: 1748 LAKE TERRACE DR
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: PIGNATO, SAL
Address: 1752 LAKE TERRACE DR
City-St-Zip: EUSTIS, FL 32726

Title: DS ( ) Delete
Name: SHIRLEY, JIM
Address: 1819 LAKE TERRACE DR
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID C LOGAN DT 02/25/2009
Electronic Signature of Signing Officer or Director — Date