

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90087 005 ****61.25

DOCUMENT # N02000005294					
1. Entity Name GOLDEN VERNA ESTATES ASSOCIATION, INC.					
Principal Place of Business 26418 80TH DR E MYAKKA CITY, FL 34251			Mailing Address P.O. BOX 20964 BRADENTON, FL 34204		
2. Principal Place of Business 3900 CLARK RD		3. Mailing Address 3900 CLARK RD			
Suite, Apt. #, etc. H-3		Suite, Apt. #, etc. H-3			
City & State SARASOTA FI		City & State SARASOTA FI			
Zip 34233		Zip 34233			
Country SARASOTA		Country SARASOTA		03092005 Chg-NP CR2E037 (10/03)	
4. FEI Number 20-0002178				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRINGALI, MICHAEL 9406 HAWKSMOOR CN SARASOTA, FL 34238			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) 3900 CLARK RD STE H-3 City SARASOTA FL Zip Code 34233			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code		
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: 3/9/5					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 MGRD	NAME TRINGALI, MICHAEL <input type="checkbox"/> Delete		TITLE NAME	3900 CLARK RD H-3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9406 HAWKSMOOR LN	CITY-ST-ZIP SARASOTA, FL 34238		STREET ADDRESS 3900 CLARK RD H-3	CITY-ST-ZIP SARASOTA FI 34233	
TITLE SD	NAME TRINGALI, RICK <input checked="" type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9406 HAWKSMOOR LN	CITY-ST-ZIP SARASOTA, FL 34238		STREET ADDRESS 3900 CLARK RD H-3	CITY-ST-ZIP SARASOTA FI 34233	
TITLE TD	NAME TRINGALI, MARIA P <input type="checkbox"/> Delete		TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9406 HAWKSMOOR LN	CITY-ST-ZIP SARASOTA, FL 34238		STREET ADDRESS 3900 CLARK RD H-3	CITY-ST-ZIP SARASOTA FI 34233	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: 3/9/5 941-921-9285					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					