

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000009943

1. Entity Name  
GOLDENROD CROSSING ASSOCIATION, INC.



Principal Place of Business  
800 N HIGHLAND AVENUE SUITE 200  
ORLANDO, FL 32803

Mailing Address  
800 N HIGHLAND AVENUE SUITE 200  
ORLANDO, FL 32803



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
55-0877210

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WILLIAMS, WARREN E  
800 N HIGHLAND AVE  
#200  
ORLANDO, FL 32811

**DO NOT WRITE  
IN THIS SPACE**

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

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. ☐

\$5.00 May Be  
Added to Fees

U000000344143  
04/29/05-80125-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CARLSON, BRENDA  
STREET ADDRESS 800 N HIGHLAND AVENUE SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE D  
NAME WOOD, GREG  
STREET ADDRESS 800 N HIGHLAND AVENUE SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE D  
NAME CHIRA, LEE  
STREET ADDRESS 800 N HIGHLAND AVENUE SUITE 200  
CITY - ST - ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-22-05 407-297-1400