## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002421

FILED Mar 13, 2009 Secretary of State

Entity Name: GOLDEN HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	6TH STREET IDERDALE, FL	33311			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX <sup>*</sup> FORT LAU	100231 IDERDALE, FL	333100231			
FEI Number:	27-0093221	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2600 NW 1 FORT LAU The above in the State	of Florida.		urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF		o Oissantine of Donistered Asse	-1	Deta	
Electronic Signature of Registered Agent				Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LEWIS, MAGDA 2600 NW 16TH FT LAUDERDAL	STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () HEARNS, LILLIA 2450 NW 16 ST FT LAUDERDAL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () KENNEDY, ART 1631 NW 24 TE FT LAUDERDAL	RRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () GLORIA, JACKS 266 NW 16TH FORT LAUDERI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BD () JACKSON, LILL 2520 NW 16TH FORT LAUDERI	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MAGDALENE J. LEWIS PRES 03/13/2009