

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001050

FILED
Apr 06, 2006
Secretary of State

Entity Name: GOLDENROD VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-1777342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: BHATTI, MOHAMMAD A
Address: 4125 TOWN CENTER BLVD
City-St-Zip: ORLANDO, FL 32837

Title: VPD () Delete
Name: BHATTI, MOHAMMAD A
Address: 4125 TOWN CENTER BLVD
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: LEE, GAVIN
Address: 201 PARK PLACE STE 204
City-St-Zip: ALTAMONTE SPRINGS, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATTHEWS, CHRISTIE L
Address: 4946 AVA POINT DR
City-St-Zip: ORLANDO, FL 32822

Title: VPD (X) Change () Addition
Name: BARTH, JENNIFER
Address: 4950 AVA POINT DR
City-St-Zip: ORLANDO, FL 32822

Title: SD (X) Change () Addition
Name: SANTIAGO, LILLIAN
Address: 4982 AVA POINT DR
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTIE L MATTHEWS

PD

04/06/2006

Electronic Signature of Signing Officer or Director

Date