


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

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90007 029 \*\*\*\*61.25

**DOCUMENT # N04000005678**

1. Entity Name  
**GOODISON PARK ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 5295 TOWN CENTER ROAD SUITE 201 BOCA RATON, FL 33486	Mailing Address 5295 TOWN CENTER ROAD SUITE 201 BOCA RATON, FL 33486
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**66001617**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>20-1637862</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

**GOLD, DAVID H**  
**5295 TOWN CENTER ROAD**  
**SUITE 201**  
**BOCA RATON, FL 33486**

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLD, DAVID H	
STREET ADDRESS	5295 TOWN CENTER ROAD, SUITE 201	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'HARE, LESLIE A	
STREET ADDRESS	5295 TOWN CENTER ROAD, SUITE 201	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLD, BONNIE N	
STREET ADDRESS	5295 TOWN CENTER ROAD, SUITE 201	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'HARE, JAN	
STREET ADDRESS	5295 TOWN CENTER ROAD, SUITE 201	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DAVID H. GOLD **DAVID H. GOLD** **1-5-05** **561-416-2882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #