


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90031 008 ****61.25

DOCUMENT # N04000007859							
1. Entity Name GOOD HOMES ROAD OFFICE PARK CONDOMINIUM ASSOCIATIONS, INC.							
Principal Place of Business 232 SOUTH DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787			Mailing Address P.O. BOX 770609 WINTER GARDEN, FL 34777-0609				
2. Principal Place of Business		3. Mailing Address PO BOX 194					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State PLYMOUTH, FL		4. FEI Number 51-0527804			
Zip		Zip 32768		Country US			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JUNE, ROHLAND A 232 SOUTH DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JUNE, ROHLAND A		NAME				
STREET ADDRESS	P.O. BOX 770609		STREET ADDRESS				
CITY-ST-ZIP	WINTER GARDEN, FL 347770609		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLSTON, ROBERT		NAME				
STREET ADDRESS	P.O. BOX 770609		STREET ADDRESS				
CITY-ST-ZIP	WINTER GARDEN, FL 347770609		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	T COLES, BONNIE E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	PO BOX 194			
STREET ADDRESS			STREET ADDRESS	PLYMOUTH, FL 32768			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>B. Coles</i> BONNIE E. COLES		2/7/06		407-889-0835			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			