


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90001 022 \*\*\*\*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 194 PLYMOUTH, FL 32768	
2. Principal Place of Business - No P.O. Box # 1801 Cook Avenue Suite, Apt. #, etc.		3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.	
City & State Orlando Florida		City & State Orlando Florida	
4. FEI Number 51-0527804	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JUNE, ROHLAND A 232 SOUTH DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name: Steven D Asher Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue City: Orlando FL Zip Code: 32806	
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: <i>Uwe</i> 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 September 12, 2008		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 NAME: JUNE, ROHLAND A STREET ADDRESS: P.O. BOX 770609 CITY-ST-ZIP: WINTER GARDEN, FL 347770609 <input checked="" type="checkbox"/> Delete	TITLE: PD NAME: J.D. PHILLIPS STREET ADDRESS: 141 TAMPA HAWAII LOOP CITY-ST-ZIP: ORLANDO, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: VD NAME: HOLSTON, ROBERT STREET ADDRESS: P.O. BOX 770609 CITY-ST-ZIP: WINTER GARDEN, FL 347770609 <input type="checkbox"/> Delete	TITLE: TD NAME: KELLY BIVAKA STREET ADDRESS: 166 TAMPA HAWAII LOOP CITY-ST-ZIP: ORLANDO, FL 32835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: COLES, BONNIE E STREET ADDRESS: P.O. BOX 194 CITY-ST-ZIP: PLYMOUTH, FL 32768 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Steven D Asher</i>		Date: 6/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT

40108828

#N04000007859

PD J. D Phillips

141 Terra Mango Loop

Orlando, FL 32835

TD Kelli Brinker

166 Terra Mango Loop

Orlando, FL 32835