

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003318

FILED
Apr 28, 2008
Secretary of State

Entity Name: GOLDEN PHEASANT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

431 WAVERLY RD
TALLAHASSEE, FL 32312

New Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

FEI Number: 20-2639238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAN, ISAACS L
431 WAVERLY RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

DAN, ISAACS L
528 E. PARK AVENUE
TALLAHASSEE, FL 32312 US

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:

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: TERRY, THOMAS
Address: 6516 CEDAR CHASE WY
City-St-Zip: TALLAHASSEE, FL 32311

Title: DP () Delete
Name: FULTON, ALLEN
Address: 2268 UPLAND WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: DVP () Delete
Name: FAIR, SUE
Address: 6507 CEDAR CHASE WY
City-St-Zip: TALLAHASSEE, FL 32311

Title: DS () Delete
Name: FLEMMING, SHANNON
Address: 683 CANOPY GROVE LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: DARP () Delete
Name: MATHIS, SCOTT
Address: 6842 CANOPY GROVE LN
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLEN FULTON

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date