

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008513

FILED
Aug 17, 2006
Secretary of State

Entity Name: GOLDEN PALMS MOTORCOACH ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5551 LUCKETT RD
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

5551 LUCKETT RD
FT MYERS, FL 33905

New Mailing Address:

FEI Number: 20-5390130 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONSOER, GEORGE L JR
1625 HENDRY STREET
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

EDWARDS, NADIA CPA
290-174TH ST
#815
SUNNY ISLES BEACH, FL 33160 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: NADIA EDWARDS

08/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOYER, DONNA
Address: 5551 LUCKETT RD
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: TROJAN, CRAIG
Address: 5551 LUCKETT RD
City-St-Zip: FT MYERS, FL 33905

Title: D () Delete
Name: BURRIS, MICHELLE
Address: 5551 LUCKETT RD
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KINNE, DONNA
Address: 5551 LUCKETT RD
City-St-Zip: FT MYERS, FL 33905

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

Title: D (X) Change () Addition
Name: SUMMERS, LORI
Address: 5551 LUCKETT RD
City-St-Zip: FT MYERS, FL 33905

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: LORI SUMMERS

D

08/17/2006

Electronic Signature of Signing Officer or Director

Date