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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05269** **(8)**

1. Corporation Name

GOLDEN RAINTREE VI HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% SUMMIT PROPERTY MANAGEMENT, INC. 6289 W. SUNRISE BLVD., STE. 202 SUNRISE FL 33313	% SUMMIT PROPERTY MANAGEMENT, INC. 6289 W. SUNRISE BLVD., STE. 202 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1984
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2464392 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MANAGEMENT, INC.
6289 W. SUNRISE BLVD., STE. 202
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	MCARDLE, GEORGE	1.2 NAME		
STREET ADDRESS	3651 CARAMBOLA CIRCLE N.	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	~~GLAS, GAIL~~	2.2 NAME	Cliff Marks	
STREET ADDRESS	~~3695 CARAMBOLA CIR. N.~~	2.3 STREET ADDRESS	3699 Carambola Circle N.	
CITY-ST-ZIP	~~COCONUT CREEK FL~~	2.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE	~~TD~~	3.1 TITLE	T/D	☑ Change ☐ Addition
NAME	~~HANSEN, PATRICIA~~	3.2 NAME	Steve Capandonis	
STREET ADDRESS	~~3703 CARAMBOLA CIRCLE N~~	3.3 STREET ADDRESS	3669 Carambola Circle N.	
CITY-ST-ZIP	~~COCONUT CREEK FL~~	3.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE	~~SD~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~PULICE, ANGELA~~	4.2 NAME		
STREET ADDRESS	~~3731 CARAMBOLA CIRCLE N.~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~COCONUT CREEK FL~~	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	METZGER, MIKE	5.2 NAME		
STREET ADDRESS	3673 CARAMBOLA CIRCLE N.	5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CRK FL	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE	S/D	☑ Change ☐ Addition
NAME	STOUT, RALPH	6.2 NAME		
STREET ADDRESS	3179 CARAMBOLA CIRCLE N.	6.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald P. McArdle 4/5/95 (305) 972-6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GERALD P. McARDLE

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