## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N05269 04-12-2004 90245 049 \*\*\*\*61.25 GOLDEN RAINTREE VI HOMEOWNERS' ASSOCIATION, Principal Place of Business Mailing Address C/O UNITED REALTY C/O UNITED REALTY 54030452 3300 UNIV. DRIVE #405 3300 UNIV. DRIVE #405 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 59-2464392 City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNITED COMM MGT CORP Street Address (P.O. Box Number is Not Acceptable) 3300 UNIV DRIVE #405 CORAL SPRINGS, FL 33065 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. . Make check payable to 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VD TITLE ☐ Channe **Addition** TITLE Ardle, Georg MCAROLE, TERI NAME NAME 51 Carambola Circle N. 3651 CARMBOLA CIR. NORTH STREET ADDRESS STREET ADDRESS COCONUT CREEK, FL 33066 CITY-ST-ZIP CITY-ST-ZIP # 5EC\_ D Addition TITLE Delete TITLE GUERRY, JEAN NAME NAME 3647 CARAMBOLA CIRCLE NORTH STREET ADDRESS STREET ADDRESS 3809 Carambola Circle N COCONUT CREEK, FL 33066 CITY-ST-ZIP CITY-ST-ZIP bcoout Addition TD TITLE TITLE ARDITY, EYAL NAME NAME STREET ADDRESS 7852 NW 62 TERR STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP Change TITLE e<del>p</del> D TITLE ☐ Addition FRIED, ELAINE NAME NAME 3745 CARAMBOLA CIR N STREET ADDRESS STREET ADDRESS CITY+ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 truytee 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 any address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE:

A 5536 8

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date /

FILED