## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90394 007 \*\*\*\*61.25

DOCUM	1ENT#	N05269
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1. Entity Name

GOLDEN RAINTREE VI HOMEOWNERS' ASSOCIATION,



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Principal Place of Business Mailing Address 1323 LYONS ROAD 1323 LYONS ROAD COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063		33063		400	57470			
2. Principal P	face of Business	3. Mailing Address		·				
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Suite, Apt. #, etc. Suite, Apt. #, etc.		-		03172006 C	hg-NP	CR2E037 (11/05	)	
City & State	6	City & State			4. FEI Number 59-246439	92	<del></del>	Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate of S	tatus Desired	□ \$8.75 A Fee Requi	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	dress of New Reg	istered Agent	
MARTIN, F	ROBERT C ESQ.		L					
	4TH STREET ERDALE, FL 33316			Street Address	s (P.O. Box Number is	Not Acceptable)	<u> </u>	
			City	City FL Zip Code				
	named entity submits this statement for ions of registered agent.	r the purpose of changing	its registered	l office or regist	tered agent, or both, in	the State of Florid	da. I am familiar wit	h, and accept
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (I	OTE: Registered A	Agent signature requi	red when reinstating)		DATE	
Filing Fee is \$61.25 9. Election Campaign Fi Due by May 1, 2006 Trust Fund Contribution		ancing	\$5.00 May Be	Mak	e check payable	to		
		<b>i</b>		• –	Added to Fees		a Department of	
10.		Trust Fun		n,	Added to Fees ADDITIONS/CHANG	Florid:	AND DIRECTORS	State
TITLE	OFFICERS AND DIF	Trust Fun	d Contribution  11.  TITLE	n,	Added to Fees ADDITIONS/CHANG	Florid:	AND DIRECTORS	State IN 10
TITLE NAME	OFFICERS AND DIF PD MCARDLE, GEORGE	Trust Fun	d Contribution  11.  TITLE NAME	J. 37	Added to Fees  ADDITIONS/CHANG  2504 Lajoag  65 Caramil	Florida SES TO OFFICERS OCIO — TO FOLIA CIC	AND DIRECTORS Change	State IN 10
TITLE	OFFICERS AND DIF	Trust Fun	d Contribution  11.  TITLE NAME	J. 37	Added to Fees ADDITIONS/CHANG	Florida SES TO OFFICERS OCIO — TO FOLIA CIC	AND DIRECTORS Change	State IN 10
TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DIF PD MCARDLE, GEORGE 3651 CARAMBOLA CIRCLE N. COCONUT CREEK, FL 33066 SD	Trust Fun	d Contribution  11.  TITLE  NAME  STREET	ADDRESS 37	Added to Fees  ADDITIONS/CHANG RSON Lapag 65 Caramil Count Creek	Florida SES TO OFFICERS 3CIQ — TO SOCIA CIT FL 330	AND DIRECTORS Change	State IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006  OFFICERS AND DIF  PD  MCARDLE, GEORGE 3651 CARAMBOLA CIRCLE N.  COCONUT CREEK, FL 33066 SD  GUERRY, JEAN	Trust Fun  BECTORS  Delete	d Contribution  11.  IITLE NAME STREET CITY-S  IITLE NAME	ADDRESS T-ZIP COL	Added to Fees  ADDITIONS/CHANG RSON Lajoag R65 CARAME COUNT CHEEK D	Florida SES TO OFFICERS 3C19 - TO SOCIA CIT FL 330	AND DIRECTORS Change	State IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006  OFFICERS AND DIF PD MCARDLE, GEORGE 3651 CARAMBOLA CIRCLE N. COCONUT CREEK, FL 33066 SD	Trust Fun  BECTORS  Delete	d Contribution  11.  IITLE NAME STREET CITY-S  IITLE NAME	ADDRESS 37 ADDRESS 37	Added to Fees  ADDITIONS/CHANG  2504 Lapag  265 CARAME  COMP GREEK  ONDER LIF	Florida BESTO OFFICERS BEIG - TO BOLG CIC FL 330 TIG BOLG CIC	a Department of AND DIRECTORS Change Change Change	State IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DIF  PD  MCARDLE, GEORGE 3651 CARAMBOLA CIRCLE N. COCONUT CREEK, FL 33066 SD GUERRY, JEAN 3647 CARAMBOLA CIRCLE NOR	Trust Fun Delete  Delete	d Contribution  11.  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  STREET	ADDRESS 37 ADDRESS 37	Added to Fees  ADDITIONS/CHANG RSON Lajoag R65 CARAME COUNT CHEEK D	Florida BESTO OFFICERS BEIG - TO BOLG CIC FL 330 TIG BOLG CIC	a Department of AND DIRECTORS Change Change Change	State IN 10 Addition Addition
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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 reports 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 optrustee 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 attactment with an address, with all other like empowered.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/Date Dayline Phone 6