

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008610

FILED
Mar 09, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF GOLDEN GATE ESTATES, INC.

Current Principal Place of Business:

441 20TH AVENUE NW
NAPLES, FL 34120 US

New Principal Place of Business:

2335 TAMAMI TR N #308
NAPLES, FL 34103 US

Current Mailing Address:

441 20TH AVENUE NW
NAPLES, FL 34120 US

New Mailing Address:

2335 TAMAMI TR N #308
NAPLES, FL 34103 US

FEI Number: 39-2062045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACQUARD, KAREN M
441 24TH AVENUE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

RANKIN, DOUGLAS L
2335 TAMAMI TR N #308
NAPLES, FL 34103 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: DOUGLAS L RANKIN

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARLOW, CHRISTINA R
Address: 2020 RANDALL BLVD.
City-St-Zip: NAPLES, FL 34120 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RANKIN, DOUGLAS L
Address: 2335 TAMAMI TR N #308
City-St-Zip: NAPLES, FL 34103 US

Title: VP () Change (X) Addition
Name: FARMER, DAVE
Address: 240 17TH ST SW
City-St-Zip: NAPLES, FL 34117 US

Title: S () Change (X) Addition
Name: MONOHAN, PATRICA
Address: 2171 22 AV NE
City-St-Zip: NAPLES, FL 34120 US

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: DOUGLAS L RANKIN

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date