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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 # N15694 (5)

1. Corporation Name

GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
10107 GASLIGHT COURT FT. PIERCE FL 34945 US	10107 GASLIGHT COURT FT. PIERCE FL 34945 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2807559 ☐ 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 10105 Mill Creek Lane	26 10105 Mill Creek Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft. Pierce, FL	28 City & State: Ft. Pierce, FL
24 Zip: 34945 25 Country: US	29 Zip: 34945 30 Country: US

9. Name and Address of Current Registered Agent

WHITNEY, ELIZABETH A.
1823 GOLDEN PONDS DRIVE
FT. PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name: Cope, Helen J.
82 Street Address (P.O. Box Number is Not Acceptable): 1787 Stonybrook Drive
83
84 City: Ft. Pierce, FL 85 Zip Code: 34945

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: Helen J. Cope Secretary DATE: 2/22/95
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	☐ Change ☐ Addition
NAME	MILLER, CALVIN	1.2 NAME	
STREET ADDRESS	1719 WALDEN POND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	T/D ☒ Change ☐ Addition
NAME	HAGIN, MARILYN	2.2 NAME	Quemers, Laurence
STREET ADDRESS	10111 MILL CREEK LANE	2.3 STREET ADDRESS	1704 Walden Pond Dr.
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34945
TITLE	PD	3.1 TITLE	V/D ☒ Change ☐ Addition
NAME	CLARK, JOHN	3.2 NAME	LeGree, Susan
STREET ADDRESS	10107 GASLIGHT COURT	3.3 STREET ADDRESS	1044 Golden Ponds Dr.
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Ft. Pierce, FL 34945
TITLE	ASD	4.1 TITLE	AS/D ☒ Change ☐ Addition
NAME	WILLIG, LAURA	4.2 NAME	Holloway, Eleanor
STREET ADDRESS	1700 CHRISTMAS COVE	4.3 STREET ADDRESS	10107 Greatwoods Pond
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34945
TITLE	SD	5.1 TITLE	S/D ☒ Change ☐ Addition
NAME	WHITNEY, ELIZABETH	5.2 NAME	Cope, Helen
STREET ADDRESS	1823 GOLDEN POND DR	5.3 STREET ADDRESS	1787 Stonybrook Dr.
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	Ft. Pierce, FL 34945
TITLE	D	6.1 TITLE	P/D ☒ Change ☐ Addition
NAME	WILLIAMS, MORTIMER	6.2 NAME	Williams, Mortimer
STREET ADDRESS	10105 MILL CREEK LANE	6.3 STREET ADDRESS	10105 Mill Creek Lane
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	Ft. Pierce, FL 34945

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: Martin J. Williams 2/22/95 (407) 595-1643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mortimer Williams, President

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