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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15694 (5)

1. Corporation Name

GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10107 GAS LIGHT COURT
FT. PIERCE FL 34945
US

Mailing Address

10107 GAS LIGHT COURT
FT. PIERCE FL 34945-2420
US3. Date Incorporated or Qualified
07/02/19863a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 1747 Bar Harbor Dr.

Suite, Apt. #, etc.

22 City & State

23 Ft. Pierce, FL

Zip

24 34945

Country

25 US

2a. Mailing Address

26 1747 Bar Harbor Dr.

Suite, Apt. #, etc.

27 City & State

28 Ft. Pierce, FL

Zip

29 34945

Country

30 US

4. FEI Number

59-2807559

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

COPE, HELEN J.
1787 STONYBROOK DR
FT. PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name

82 Street Address (O. Box Number is Not Acceptable)

83

84 City

Reyburn W. Campbell, Sr.
1747 Bar Harbor Dr.

Ft. Pierce

FL

85 Zip Code

34945

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Reyburn W. Campbell, Sr.

(NOTE: Registered Agent signature required when reinstating)

2/20/97

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME BREEN, ROBERT
STREET ADDRESS 10129 GREATWOODS POND
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE VD
NAME CAMPBELL, REYBURN
STREET ADDRESS 1747 BAR HARBOUR DRIVE
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE TD
NAME HAGIN, MARILYN
STREET ADDRESS 10111 MILL CREEK LANE
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE ASD
NAME HOLLOWAY, ELEANOR
STREET ADDRESS 10107 GREATWOODS POND
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE SD
NAME COPE, HELEN
STREET ADDRESS 1787 STONYBROOK DR
CITY-ST-ZIP FT. PIERCE FL☐ DELETETITLE PD
NAME CLARK, JOHN
STREET ADDRESS 10107 GAS LIGHT COURT
CITY-ST-ZIP FT. PIERCE FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D
1.2 NAME Barbara Streisand
1.3 STREET ADDRESS 1708 Golden Ponds Drive
1.4 CITY-ST-ZIP Ft. Pierce, FL 34945☒ Change ☐ Addition2.1 TITLE V/D
2.2 NAME Peggy Fleck
2.3 STREET ADDRESS 10101 Mill Creek Lane
2.4 CITY-ST-ZIP Ft. Pierce, FL 34945☒ Change ☐ Addition3.1 TITLE T/D
3.2 NAME Mary Ollis
3.3 STREET ADDRESS 1739 Bar Harbor Drive
3.4 CITY-ST-ZIP Ft. Pierce, FL 34945☒ Change ☐ Addition4.1 TITLE ASD
4.2 NAME Marion Nichols
4.3 STREET ADDRESS 1901 Bar Harbor Drive
4.4 CITY-ST-ZIP Ft. Pierce, FL 34945☒ Change ☐ Addition5.1 TITLE SD
5.2 NAME Gloria Durocher
5.3 STREET ADDRESS 1684 Christmas Cove Dr.
5.4 CITY-ST-ZIP Ft. Pierce, FL 34945☒ Change ☐ Addition6.1 TITLE PD
6.2 NAME Reyburn Campbell
6.3 STREET ADDRESS 1747 Bar Harbor Drive
6.4 CITY-ST-ZIP Ft. Pierce, FL 34945☒ Change ☐ Addition

14. I do 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 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:

Reyburn Campbell

REQUIRED

Reyburn Campbell 2/20/97

(561-489-2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Residence Phone #

CR2E037 (9/96)