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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15694 (5)
1. Corporation Name
GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1747 BAR HARBOR DR. FT. PIERCE FL 34945 US	Mailing Address 1747 BAR HARBOR DR. FT. PIERCE FL 34945 US
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2. Principal Place of Business 21 1800 GOLDEN PONDS DR Suite, Apt. #, etc.	2a. Mailing Address 26 1800 GOLDEN POND DR Suite, Apt. #, etc.
City & State 23 FT. PIERCE, FL. Zip Country 24 34945 25 US	City & State 27 FT. PIERCE, FL. Zip Country 28 34945 29 US

9. Name and Address of Current Registered Agent CAMPBELL, REYBURN W. SR 1747 BAR HARBOR DR. FT. PIERCE FL 34945	
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3. Date Incorporated or Qualified 07/02/1986
4. FEI Number 59-2807559
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent 81 Name DALY, EDWARD L. 82 Street Address (P.O. Box Number is Not Acceptable) 1735 WALDEN POND DR. 83 84 City FT. PIERCE FL 85 Zip Code 34945
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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 **Edward L. Daly President** DATE **4/27/98**
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME STREISAND, BARBARA	1.1 TITLE	1.2 NAME
STREET ADDRESS 1708 GOLDEN PONDS DR.	CITY-ST-ZIP FT. PIERCE FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE VD	NAME FLECK, PEGGY	2.1 TITLE	2.2 NAME
STREET ADDRESS 10101 MILL CREEK LANE	CITY-ST-ZIP FT. PIERCE FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE TD	NAME OLLIS, MARY	3.1 TITLE	3.2 NAME
STREET ADDRESS 1739 BAR HARBOR DR.	CITY-ST-ZIP FT. PIERCE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE ASD	NAME NICHOLS, MARION	4.1 TITLE	4.2 NAME
STREET ADDRESS 1901 BAR HARBOR DR.	CITY-ST-ZIP FT. PIERCE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE SD	NAME DUROCHER, GLORIA	5.1 TITLE	5.2 NAME
STREET ADDRESS 1884 CHRISTMAS COVE DR.	CITY-ST-ZIP FT. PIERCE FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE PD	NAME CAMPBELL, REYBURN	6.1 TITLE	6.2 NAME
STREET ADDRESS 1747 BAR HARBOR DR.	CITY-ST-ZIP FT. PIERCE FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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 **Edward L. Daly** DATE **4/27/98** REGD **464-3468**

CR2E037 (10/97)