

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90071 022 \*\*\*\*61.25

**DOCUMENT # N15694**

1. Entity Name

**GOLDEN PONDS OF FORT PIERCE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**1800 GOLDEN PONDS DR  
FT PIERCE FL 34945  
US**

Mailing Address

**1800 GOLDEN POND DR  
FT PIERCE FL 34945  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-2807559**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, ROBERT  
1752 STONYBROOK DRIVE  
FORT PIERCE FL 34945**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWMAN, ROBERT	
STREET ADDRESS	1752 STONYBROOK DRIVE	
CITY - ST - ZIP	FORT PIERCE FL 34945	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, JOAN	
STREET ADDRESS	10105 GAS LIGHT CT.	
CITY - ST - ZIP	FORT PIERCE FL 34945	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEARCOP, DELLA M	
STREET ADDRESS	1697 GOLDEN POND DR	
CITY - ST - ZIP	FORT PIERCE FL 34945	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	MACDONALD, JOHN	
STREET ADDRESS	1744 STONY BROOK DRIVE	
CITY - ST - ZIP	FORT PIERCE FL 34945	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADAMS, MOLLIE	
STREET ADDRESS	1848 STONYBROOK DR.	
CITY - ST - ZIP	FORT PIERCE FL 34945	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, GAY	
STREET ADDRESS	1752 STONYBROOK DRIVE	
CITY - ST - ZIP	FORT PIERCE FL 34945	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. PHILLIP MORNEAULT	
STREET ADDRESS	1756 BAR HARBOR DRIVE	
CITY - ST - ZIP	FORT PIERCE FL 34945	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH HANES	
STREET ADDRESS	1748 BAR HARBOR DRIVE	
CITY - ST - ZIP	FORT PIERCE FL 34945	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Della M Dearcop, Treas.*

*March 1, 2005*

*772-468-8788*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #