

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90030 028 \*\*\*\*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 (10/05)

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 **COOPER, KENNETH**

Street Address (P.O. Box Number is Not Acceptable)  
**1688 CHRISTMAS COVE**

City **FORT PIERCE**

FL

Zip Code  
**34945**

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

*Kenneth Cooper*

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

(NOTE: Registered Agent signature required when reinstating)

**2/29/06**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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** ☒ Delete  
NAME **NEWMAN, ROBERT**  
STREET ADDRESS **1752 STONYBROOK DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **V** ☒ Delete  
NAME **MORNEAULT, J. PHILLIP**  
STREET ADDRESS **1756 BAR HARBOR DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **TD** ☐ Delete  
NAME **DEARCOP, DELLA M**  
STREET ADDRESS **1697 GOLDEN POND DR**  
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **ATD** ☒ Delete  
NAME **MACDONALD, JOAN**  
STREET ADDRESS **1744 STONY BROOK DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **VP** ☐ Delete  
NAME **ADAMS, MOLLIE**  
STREET ADDRESS **1848 STONYBROOK DR.**  
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE **SD** ☒ Delete  
NAME **HANES, RUTH**  
STREET ADDRESS **1748 BAR HARBOR DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34945**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **COOPER, KENNETH**  
STREET ADDRESS **1688 CHRISTMAS COVE**  
CITY-ST-ZIP **FORT PIERCE, FL 34945**

TITLE **V** ☒ Change ☐ Addition  
NAME **JOAN PAYNE**  
STREET ADDRESS **10105 GAS LIGHT CT**  
CITY-ST-ZIP **FORT PIERCE, FL 34945**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ATD** ☒ Change ☐ Addition  
NAME **KATHRYN LEVAN**  
STREET ADDRESS **1705 GOLDEN POND DRIVE**  
CITY-ST-ZIP **FORT PIERCE, FL 34945**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition  
NAME **GLORIA DUROCHER**  
STREET ADDRESS **1684 CHRISTMAS COVE**  
CITY-ST-ZIP **FORT PIERCE, FL 34945**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **DELLA M. DEARCOP** 2/21/06 772-468-8788