2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15694

FILED Jan 26, 2009 Secretary of State

Entity Name: GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1800 GOLDEN PONDS DR 1800 GOLDEN PONDS DR FT PIERCE, FL 34945 FORT PIERCE, FL 34945 US **Current Mailing Address: New Mailing Address:** 1800 GOLDEN POND DR 1800 GOLDEN POND DR FT PIERCE, FL 34945 US FORT PIERCE, FL 34945 US FEI Number: 59-2807559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEARCOP, DELLA M DEARCOP, DELLA M 1697 GOOLDEN POND DR 1697 GOLDEN POND DR FORT PIERCE, FL 34945 FORT PIERCE, FL 34945 US US 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. SIGNATURE: DELLA M DEARCOP 01/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ELLIOTT, BRUCE L Name: Name: 1672 WALDEN POND DR Address: Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: Title: Title: () Delete () Change () Addition PAYNE, JOAN Name: Name: Address: 10105 GAS LIGHT CT Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: Title: () Delete Title: () Change () Addition DEARCOP, DELLA M Name: Name: 1697 GOLDEN POND DR Address: Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: (X) Change () Addition Title: ATD () Delete Title: ATD Name: LEVAN, KATHRYN Name: LE BLANC, GARY 1705 GOLDEN POND DRIVE Address: Address: 10104 GAS LIGHT CT City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FORT PIERCE, FL 34945 Title: () Delete Title: (X) Change () Addition ADAMS, MOLLIE Name: Name: PLANTE, KAREN 1848 STONYBROOK DR. 1721 BAR HARBOR DRIVE Address: Address: City-St-Zip: FORT PIERCE, FL 34945 City-St-Zip: FORT PIERCE, FL 34945 Title: () Delete Title: () Change () Addition MCCALLISTER, BARBARA Name: Name: Address: 10108 MILL CREEK LN Address: FORT PIERCE, FL 34945 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELLA M DEARCOP TD 01/26/2009