2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22895

FILED Mar 13, 2009 Secretary of State

Entity Name: GOLDEN POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
C/O UNITED COMM MGT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US			C/O UNITED COMI 11784 W SAMPLE CORAL SPRINGS,	RD #103	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
C/O UNITED COMM MGT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US			11784 W SAMPLE	C/O UNITED COMM MGT CORP 11784 W SAMPLE RD #103 CORAL SPRINGS, FL 33065 US	
FEI Number:	: 65-0144147	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
UNITED COMMUNITY MGT CORP 11784 W SAMPLE RD CORAL SPRINGS, FL 33065 US			11784 W SAMPLE #103 CORAL SPRINGS,	CORAL SPRINGS, FL 33065 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: RENEE CAMPBELL				03/13/2009	
	Electro	nic Signature of Registered Ag	gent	Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	FROMBERG,	9TH TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLATT, PATR	9TH TERRACE	Address: 3788 N.	(X) Change () Addition PATRICIA W. 209TH TERRACE IRA, FL 33180	
Title: Name: Address: City-St-Zip:	D (ROCKWERK, 20940 NE 27 AVENTURA, F	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (LANG, ANDRE 3812 NE 209 AVENTURA, F	TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (LEVINE, HARI 7337 NE 209 AVENTURA, F	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RATICOFE, Li 3786 NE 209 AVENTURA, F	TERR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MARY LOU PALMER AGT 03/13/2009