

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22895

FILED
Feb 14, 2012
Secretary of State

Entity Name: GOLDEN POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O UNITED COMM MGT CORP
11784 W SAMPLE RD #103
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

11784 WEST SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

C/O UNITED COMM MGT CORP
11784 W SAMPLE RD #103
CORAL SPRINGS, FL 33065 US

New Mailing Address:

11784 WEST SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0144147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGT CORP
11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

UNITED COMMUNITY MANAGEMENT CORP
11784 W SAMPLE RD
#103
CORAL SPRINGS, FL 33065 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: ANA MONTOYA

02/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BLATT, PATRICIA
Address: 3788 N.E. 209TH TERRACE
City-St-Zip: AVENTURA, FL 33180 US

Title: D
Name: GREENFIELD, ALAN
Address: 3766 N.E. 209TH TERRACE
City-St-Zip: AVENTURA, FL 33180 US

Title: T
Name: LANG, ANDREA
Address: 3812 NE 208TH TERRACE
City-St-Zip: AVENTURA, FL 33180 US

Title: VP
Name: LEVINE, HARRIS
Address: 3773 NE 209TH TERRACE
City-St-Zip: AVENTURA, FL 33180 US

Title: D
Name: LIPOF, IRENE
Address: 3748 NE 209 TERRACE
City-St-Zip: AVENTURA, FL 33180 US

Title: D
Name: RATICOFF, LOIS
Address: 3786 NE 209TH TERRACE
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: ANA MONTOYA

D

02/14/2012

Electronic Signature of Signing Officer or Director

Date