

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90863 041 ****61.25

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04242007 Chg-NP CR2E037 (12/06)

DOCUMENT # N28173					
1. Entity Name GOLD COAST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 207 EDEN LANE KISSIMMEE, FL 34743 US			Mailing Address PO BOX 451881 KISSIMMEE, FL 34745 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 101 Park Place Blvd		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 2		
City & State			City & State Kissimmee FL		
Zip	Country	Zip	Country	4. FEI Number 58-1848878	
34741	US	34741	US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAIA, RUTH ANN 207 EDEN LANE #E KISSIMMEE, FL 34743				7. Name and Address of New Registered Agent Association Management Group of Central FL, Inc. Street Address (P.O. Box Number is Not Acceptable) 101 Park Place Blvd, Suite 2 City: Kissimmee FL Zip Code 34741	
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 <u><i>Leslie Hudson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAIA, RUTH ANN		NAME	Loureavo, Peter	
STREET ADDRESS	207 EDEN LANE #E		STREET ADDRESS	1845 Chaucer Way	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSOLD, DANIEL		NAME	Serreano, Antoinette	
STREET ADDRESS	22808 STATE RD #19		STREET ADDRESS	1845 Chaucer Way	
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737		CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	PVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, ANTONIETTE		NAME		
STREET ADDRESS	1845 CHAUCER WAY		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 4937		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Antoinette Serreano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					