

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28345** (9)

1. Corporation Name

**GOLD TREE COMMUNITIES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>GOLD TREE HOMEOWNERS ASSOC. 5707 45TH ST. EAST #144 BRADENTON FL 34203 US</b>	Mailing Address <b>P.O BOX 21163 5707 45TH ST. EAST BRADENTON FL 34203 US</b>
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3. Date Incorporated or Qualified

**09/14/1988**

4. FEI Number

**65-0076184**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** *Gold Tree Communities H.O.A.*

**27** *P.O. Box 21163*

**28** *BRADENTON, Florida*

**29** *34203*

**30** *U.S.A*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PERRAS, HELENE  
5707 45TH ST. E.  
LOT #180  
BRADENTON FL 34203**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURRAY, JAMES</b>	
STREET ADDRESS	<b>5707 45TH ST. E #78</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATARESE, GEORGE</b>	
STREET ADDRESS	<b>5707 45TH ST E LOT 203</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, AILENE</b>	
STREET ADDRESS	<b>5707 45TH ST E #144</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, HELENE</b>	
STREET ADDRESS	<b>5707 45TH ST E LOT 180</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOBBINS, JUDY</b>	
STREET ADDRESS	<b>5707 45TH ST E #77</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAGENBUCK, KARL B.</b>	
STREET ADDRESS	<b>5707 45TH ST E #153</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bucky Hagenbuch</b>	
1.3 STREET ADDRESS	<b>5707 45th St. E #153</b>	
1.4 CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	

2.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Roy McARDLE</b>	
2.3 STREET ADDRESS	<b>5707 45th St. E #73</b>	
2.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	

3.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>AILENE MUSSON</b>	
3.3 STREET ADDRESS	<b>5707 45th St. E #144</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	

4.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HELENE PERRAS</b>	
4.3 STREET ADDRESS	<b>5707 45th St. E #160</b>	
4.4 CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>	

5.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>GEORGE MATARESE</b>	
5.3 STREET ADDRESS	<b>5707 45th St. E #203</b>	
5.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	

6.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>TOM HALE</b>	
6.3 STREET ADDRESS	<b>5707 45th St. E #228</b>	
6.4 CITY-ST-ZIP	<b>BRADENTON, FL</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helene Perras* REQUIRED

2-15-98 941-755-3911

CR2E037 (10/97)