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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90013 005 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28345**

1. Corporation Name

**GOLD TREE COMMUNITIES HOMEOWNERS ASSOCIATION, IN C.**

Principal Place of Business

GOLD TREE HOMEOWNERS ASSOC.  
 5707 45TH ST. EAST #144  
 BRADENTON FL 34203  
 US

Mailing Address

GOLD TREE COMMUNITIES H O A  
 PO BOX 21163  
 BRADENTON FL 34203  
 US

453992 - 90013 - 5



2. Principal Place of Business

21 Gold Tree Homeowners Assoc.

Suite, Apt. #, etc.

22 5707 45th St E #062

City & State

23 Bradenton FL

Zip

24 34203

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/14/1988

4. FEI Number

65-0076184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PERRAS, HELENE  
 5707 45TH ST. E.  
 LOT #160  
 BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name

MAHONEY, KAY

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

5707 45TH ST E.

83

LOT #062

84

City BRADENTON, FL 34203 FL

85

Zip Code 34203

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 CATHERINE (KAY) MAHONEY, TREASURER Catherine Kay Mahoney-26-99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HAGENBUCK, BUCKY  
 STREET ADDRESS 5707 45TH ST E #153  
 CITY-ST-ZIP BRADENTON FL 34203

TITLE VP ☐ DELETE

NAME MCARDLE, ROY  
 STREET ADDRESS 5707 45TH ST E #73  
 CITY-ST-ZIP BRADENTON FL

TITLE S ☐ DELETE

NAME MUSSON, AILENE  
 STREET ADDRESS 5707 45TH ST E #144  
 CITY-ST-ZIP BRADENTON FL

TITLE T ☐ DELETE

NAME TAYLOR, HELENE  
 STREET ADDRESS 5707 45TH ST E LOT 160  
 CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ DELETE

NAME MATARESE, GEORGE  
 STREET ADDRESS 5707 45TH ST E #203  
 CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME HALE, TOM  
 STREET ADDRESS 5707 45TH ST E #225  
 CITY-ST-ZIP BRADENTON FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P BRESSLER, DEBBIE  
 5707 45TH ST E #191  
 BRADENTON, FL 34203

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP KENT, MARGE  
 5707 45TH ST E #009  
 BRADENTON, FL 34203

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S SHEBA, HAZEL  
 5707 45TH ST E #010 (017)  
 Bradenton, FL 34203

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T MAHONEY, KAY  
 5707 45TH ST E #062  
 BRADENTON, FL 34203

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D MILLER, DON  
 5707 45TH ST E #010  
 BRADENTON, FL 34203

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: Catherine Kay Mahoney SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 941-753-9582

Date

Daytime Phone #

CR2E037 (1/198)