NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N28345

Gold Tree Homeowners

1. Corporation Name

GOLD TREE COMMUNITIES HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business

2. Principal Place of Business

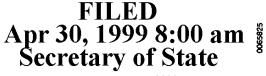
GOLD-TREE HOMEOWNERS ASSOC. 5707 45TH ST. EAST #144 **BRADENTON FL 34203**

Mailing Address

2a. Mailing Address

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

26



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



3. Date incorporated or Qualifed

09/14/1988

41 (<u>) DICE</u>	THE HOME OF THE S				A . P . 1 #
Suite, Apt.				4. FEI Number	Applied For
22 5 70 7 456 54 2 062 27			65-0076184	Not Applicable	
City & State	douto FL 28			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip 24 3+20	Country Zip 33 25 11 5 29 30	Count	у	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 5 72	9. Name and Address of Current Registered Agent	<u></u>		10. Name and Address of New Registered	
	3. Hallie and Address of Current hegistered Agent	8	81 Name		
			MAHONEY, KAY		
PERRAS, HELENE			82 Street Address (P.O. Box Number is Not Acceptable)		
5707 45TH ST. E.			5707 45 m SF E.		
LOT #160			40	T # 062	
	ON FL 34203	8		ADENTON, FL 34203 FL	
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 Tay Mahonet - 26-99					
SIGNATURE				ired when reinstating) DATE	
12.	/ OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P´ □ DELETE	1.1 TITLE	F	DERBIE	Change
NAME	HAGENBUCK, BUCKY	1.2 NAME	. [BRESSLER DEBBY	•
STREET ADDRESS	5707 45TH ST E #153	1.3 STRE	ET ADDRESS	5/0/ 43 61 34203	
CITY-ST-ZIP	BRADENTON FL 34203	1.4 CITY-ST-ZIP		BRADENTON, FL 34203	
TITLE	VP □ DELETE	04.757.5		40	Change
NAME	MCARDLE, ROY	2.2 NAME		KENT, MARGE # 009	r
STREET ADDRESS	5707 45TH ST E #73	2.3 STREET ADDRESS		5707 45 ME # 001	-
CITY-ST-ZIP	BRADENTON FL	2, 4 CITY-ST-ZIP		BRADENTON, FL 34203	•
TITLE	S DELETE	3.1 TITLE		5	Change
NAME	MUSSON, AILENE	3.2 NAME	. 3	SHEBA, HAZEL 5707 45THST E. FOLD (017)	-
STREET ADDRESS	5707 45TH ST E #144	3.3 STRE	ET ADDRESS	5707 45THST E. "019 (011)	•
CITY-ST-ZIP	BRADENTON FL	3.4. CITY	-ST-ZIP	Bradenton FL 3420	3
TITLE	T DELETE	4.1 TITLE			Change Addition
NAME	TAYLOR, HELENE	4. 2 NAM	_E Å	MAHONEY, KAY	•
STREET ADDRESS	5707 45TH ST E LOT 160		ET ADDRESS 5	1AHONEY, KAY 5707 45 m St E #062	1
	BRADENTON FL 34203	4.4 CITY	ST-ZIP	BRADENTON, FL. 34203	1
CITY-ST-ZIP TITLE	D DELETE	5.1 TITLE			Change Addition
NAME	MATARESE. GEORGE	5.2 NAM	7	MILLER, DON 5707 45 MSt.E. # 010	• •
STREET ADDRESS	5707 45TH ST E #203	5.3 STRE	ET ADDRESS	5707 45 MSt.E. P	
	BRADENTON FL	5.4 CITY	ST-ZIP	BRADEITFON, FL 34203	
C/TY-\$T-ZIP		6.1 TITLE		U1000.11-1/1	☐ Change ☐ Addition
TITLE		6.2 NAM	1		
NAME	HALE, TOM		ET ADDRESS		
STREET ADDRESS	5707 45TH ST E #225		1		
CITY-ST-ZIP	BRADENTON FL Pertify that the information supplied with this filing does not qualify for the	6.4 CITY-		Section 119.07/3Vi) Florida Statutes Uturber cer	tify that the information
IS. I pereby c	erus, toet the information supplied with this falls and and all fills in	и нхеті	auon stated in	i aecuon Tielomanii, monda alatutes. Hululdi Cel	ure wide the infollitiation

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I indicated that the 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: