2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

1. Entity Nam GOLD TR	MENT # N28345 REE COMMUNITIES HOMEO ATION, INC.	28.0	3-17-2006 90120					
Principal Place 5707 45 ST BRADENTON	E. #44	Mailing Address 5707 45 ST E. #44 BRADENTON, FL 34203	US		er fakt ja janksia	n n n a drien German (1967)		
GOLDI	tace of Business RVc Homeowners Asse	3. Mailing Address	20m	e				
Suite, Apt.	45810	Suite, Apt. #, etc.			hg-NP CR2E	E037 (11/05)	 .	
BRode.	NION FLORIDA	City & Stelle		4. FEI Number 65-007618	4	Not	Olied For Applicable	
2ip 3 42		Zip	Country	5. Certificate of St		\$8.75 Addi Fee Required		
	6. Name and Address of Current R	legistered Agent	Name -	7. Name and Add	tress of New Registere	ad Agent		
SCOTTO, 5707 45TH	THERESA I ST., E. #263	Street A	THERES A SCOTTO Address (P.O. Box Number is Not Acceptable)					
	ON, FL 34203			07 45 S	1. <u>E</u>			
		RADOLNTON	PORN TONTHOSHJOL 34203					
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. Taintamiliar with, and accept the obligations of registered agent.								
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SIGNATURE	Signature, typed or priviled negoe of registered agent is	ere required when reinstating)	DAT	Eric A	1 10 2			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	1	eck payable to partment of St		
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CLIANIC	ES TO OFFICERS AND	DIDECTORS IN	10	
	,			AUDITIONS/CHANG	·			
TITLE	P	☐ Delete	TITLE	AUDITIONS/CHANG		☐ Change	Addition	
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NAME	P MULLIN, PAUL		NAME		"Am e			
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12. Thereby certify that the information supplied with this limit globes not quality for the exemptions contained in Chapter 119, Horida Statutes. Turther 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 THERESA Scott	Shewon Scrtto	3/4/06	941-213-15	66
SIGNATURE AND TYPED OR PRINTED NAME	OF BIGHING OFFICER OR DIRECTOR	Date	Dayome Phone #	