

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28749

FILED
Apr 23, 2007
Secretary of State

Entity Name: GOLDEN POND ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

523 MOONRISE DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

523 MOONRISE DRIVE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-2953087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDOVAL, MARIA
523 MOONRISE DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENNEDY, CHRISTOPHER G
Address: 6179 HALF MOON DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: WALSH, JACK
Address: 520 MOONRISE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TS () Delete
Name: SANDOVAL, MARIA
Address: 523 MOON RISE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP/C () Delete
Name: DIANTO, LOUISE
Address: 6189 HALF MOON DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: LEWIS, PATTY
Address: 6171 HALFMOON DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: HEIKKA, BOB
Address: 506 MOONRISE DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIANTO, LOUISE
Address: 6189 HALF MOON DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Change () Addition
Name: CHUMLEY, LARY
Address: 6185 HALF MOON DR
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LAYMAN, STUART
Address: 6176 HALF MOON DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SANDOVAL

T/S

04/23/2007

Electronic Signature of Signing Officer or Director

Date