

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28749

FILED  
Feb 08, 2010  
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  
Name: DIANTO, LOUISE  
Address: 6189 HALF MOON DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: S  
Name: WALSH, JUDY  
Address: 520 MOONRISE DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: T  
Name: SANDOVAL, MARIA  
Address: 523 MOON RISE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

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

Title: D  
Name: TAYLOR, CURTIS  
Address: 500 MOONRISE DR  
City-St-Zip: PORT ORANGE, FL 32127

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

I hereby 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 all other like empowered.

SIGNATURE: MARIA SANDOVAL

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02/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date