2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# N28749

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: CASSATA, KATHLEEN
Address: 515 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: WALSH, JUDY
Address: 520 MOONRISE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: VANETTA, TOM
Address: 509 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: M SANDOVAL T 01/20/2012

Electronic Signature of Signing Officer or Director Date