

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45025

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-3135059      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434, SUITE 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: REYNOLDS, BRENDA  
Address: 1723 TROPICAL CT  
City-St-Zip: TAVARES, FL 32778

Title: VPD ( ) Delete  
Name: WALTERS, DEE  
Address: 1977 GOLDEN PALM CIR  
City-St-Zip: TAVARES, FL 32778

Title: STD ( ) Delete  
Name: MCDONALD, DAWN  
Address: 1711 TROPICAL CT  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: REYNOLDS, BRENDA  
Address: 1723 TROPICAL CT  
City-St-Zip: TAVARES, FL 32778

Title: PD (X) Change ( ) Addition  
Name: WALTERS, DEANNE  
Address: 1977 GOLDEN PALM CIR  
City-St-Zip: TAVARES, FL 32778

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

I hereby certify that the information supplied with this filing does not qualify 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: DEANNE WALTERS

PD

03/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date