

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000063

FILED
Feb 27, 2009
Secretary of State

Entity Name: GOLDEN PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3968 N. MONROE ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 US

Current Mailing Address:

P. O. BOX 180657
TALLAHASSEE, FL 32318 US

New Mailing Address:

2910 KERRY FOREST PKY
D4, BOX 303
TALLAHASSEE, FL 32318 US

FEI Number: 59-3164164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SBORDONE, LEANN
3968 N. MONROE ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ROJAS, KELLY
2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 US

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: KELLY ROJAS

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOTEL, ROBERT J
Address: 2215 GENEVIEVE CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: DIMITROFF, MIKE
Address: 1414 GOLDEN PARK CT.
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: PAYNE, TEDDY
Address: 3579 LOMA FARM RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: KIRBY, ALMA
Address: 2502 GOLDEN PARK LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SCHEESE, CHRIS
Address: 2513 FRED SMITH ROAD
City-St-Zip: TALLAHASSEE, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: ROBERT BOTEL

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date