2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000003100

1. Entity Name
GOURD NECK SPRINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16800 WINTER RD MONTVERDE, FL 34756	16800 WINTER RD MONTVERDE, FL 34756

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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3195097
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARRION, ROBERTO
1831 RIDGE VALLEY ST
CLERMONT, FL 34711

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert J. Carrion ROBERTO CARRION 2-11-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000638320
02/28/07-80005-012 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOURY, DONALD
STREET ADDRESS	14701 GUARD NICK DR
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	TD
NAME	STELTER, RICHARD
STREET ADDRESS	16914 WINTERS RD
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	S
NAME	CARRIEN, ROBERTO
STREET ADDRESS	1831 RIDGE VALLEY ST
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	RAPAPORT, MICHELE
STREET ADDRESS	14726 GUARD NELIC DR
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	D
NAME	MILLER, CHRISTOPHER
STREET ADDRESS	16941 WINTER RD
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard R Stelter RICHARD R. STELTER 2-13-07 407-654-9092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #