


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90147 030 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000006112</b>					
1. Corporation Name <b>HOMEOWNERS ASSOCIATION OF GOULDS, INC.</b>					
Principal Place of Business 12425 SW 226TH STREET GOULDS FL 33170 US			Mailing Address 12425 SW 226TH STREET GOULDS FL 33170 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/12/1994 4. FEI Number 65-0532622 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent <b>WALKER, LYDIA E</b> <b>12425 SW 226TH STREET</b> <b>GOULDS FL 33170</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME FLOYD, LANA W STREET ADDRESS 21785 S.W. 111 AVENUE CITY-ST-ZIP GOULDS FL 33170			1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME TILLMAN, VONNELL 1.3 STREET ADDRESS 11021 S.W. 220 STREET 1.4 CITY-ST-ZIP GOULDS, FL. 33170		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME BEATY, WILLIAM STREET ADDRESS 11871 SW 220TH STREET CITY-ST-ZIP GOULDS FL 33170			2.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME BEATY, WILLIAM 2.3 STREET ADDRESS 11871 S.W. 220TH STREET 2.4 CITY-ST-ZIP GOULDS, FL. 33170		
TITLE VD <input checked="" type="checkbox"/> DELETE NAME TILLMAN, VONNELL STREET ADDRESS 11021 SW 220TH STREET CITY-ST-ZIP GOULDS FL 33170			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME WASHINGTON, JOSEPH J STREET ADDRESS 22230 SW 114TH COURT CITY-ST-ZIP GOULDS FL 33170			4.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME COLEMAN, LILLIE 4.3 STREET ADDRESS 22230 S.W. 114TH COURT 4.4 CITY-ST-ZIP GOULDS, FL. 33170		
TITLE D <input checked="" type="checkbox"/> DELETE NAME COLEMAN, LILLIE P STREET ADDRESS 10888 SW 222ND STREET CITY-ST-ZIP GOULDS FL 33170			5.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME WALKER, LYDIA E. 5.3 STREET ADDRESS 12425 S.W. 226 STREET 5.4 CITY-ST-ZIP GOULDS, FL. 33170		
TITLE D <input checked="" type="checkbox"/> DELETE NAME WALKER, LYDIA E STREET ADDRESS 12425 SW 226TH STREET CITY-ST-ZIP GOULDS FL 33170			6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME BRISCOE, GLADYS 6.3 STREET ADDRESS 21811 S.W. 218 COURT 6.4 CITY-ST-ZIP GOULDS, FL. 33170		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Lydia E. Walker* **SIGNATURE REQUIRED** **LYDIA E. WALKER, SEC.** **(305) 258 5959** **4/29/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)