


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90042 013 ****70.00

DOCUMENT # N94000006112		
1. Entity Name HOMEOWNERS ASSOCIATION OF GOULDS, INC.		

Principal Place of Business PO BOX 700121 GOULDS FL 33170 US	Mailing Address PO BOX 700121 GOULDS FL 33170 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 65-0532622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
TILLMAN, VONNELL 11021 S.W. 220 ST. GOULDS FL 33170

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	BEATY, WILLIAM		
STREET ADDRESS	11871 SW 220TH STREET		
CITY-ST-ZIP	GOULDS FL 33170		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	TILLMAN, VONNELL		
STREET ADDRESS	11021 SW 220TH STREET		
CITY-ST-ZIP	GOULDS FL 33170		
TITLE	DT	<input type="checkbox"/> Delete	
NAME	BRISCOE, GLADYS		
STREET ADDRESS	21811 S.W. 118 COURT		
CITY-ST-ZIP	GOULDS FL 33170		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Alethia Jackson		
STREET ADDRESS	22230 S.W. 114th Ave.		
CITY-ST-ZIP	GOULDS, FL. 33170		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gladys Briscoe Gladys Briscoe 5/5/06 786)346-9912