2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# N94000006112

Entity Name: HOMEOWNERS ASSOCIATION OF GOULDS, INC.

Current Principal Place of Business:

PO BOX 700121
GOULDS, FL 33170 US

New Principal Place of Business:

21811 SW 118 COURT
GOULDS, FL 33170 US

Current Mailing Address:

PO BOX 700121
GOULDS, FL 33170 US

New Mailing Address:

21811 SW 118 COURT
GOULDS, FL 33170 US

FEI Number: 65-0532622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TILLMAN, VONNELL
11021 S.W. 220 ST.
GOULDS, FL 33170 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: TILLMAN, VONNELL
Address: 11021 SW 220TH STREET
City-St-Zip: GOULDS, FL 33170

Title: DT ( ) Delete
Name: BRISCOE, GLADYS
Address: 21811 S.W. 118 COURT
City-St-Zip: GLOUDS, FL 33170

Title: VPD ( ) Delete
Name: JACKSON, ALETHIA
Address: 22230 S.W. 114TH AVE.
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: BRISCOE, GLADYS
Address: 21811 S.W. 118 COURT
City-St-Zip: GOULDS, FL 33170

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: GLADYS BRISCOE DT 08/30/2007
Electronic Signature of Signing Officer or Director Date