

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91174 014 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0532622**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILLMAN, VONNELL**  
**11021 S.W. 220 ST.**  
**GOULDS FL 33170**

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.

SIGNATURE

Signature, typed, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **BEATY, WILLIAM**  
 CITY-ST-ZIP **11871 SW 220TH STREET**  
**GOULDS FL 33170**

TITLE ☐ Change ☐ Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **TILLMAN, VONNELL**  
 CITY-ST-ZIP **11021 SW 220TH STREET**  
**GOULDS FL 33170**

TITLE ☐ Change ☐ Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BRISCOE, GLADYS**  
 CITY-ST-ZIP **1811 S.W. 218 COURT**  
**GOULDS FL 33170**

TITLE ☐ Change ☐ Addit  
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 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 exemption stated in Section 119.07(3)(i), 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.

*William E. Beaty*

24-29-03