

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90394 022 ****61.25

DOCUMENT # N95000002030 1. Entity Name GOLDEN ACRES ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 8056 OLD CR 54 NEW PORT RICHEY, FL 34653		Mailing Address 8056 OLD CR 54 NEW PORT RICHEY, FL 34653	
2. Principal Place of Business - No P.O. Box # 6710 Embassy Blvd Suite, Apt. #, etc. 204		3. Mailing Address PO BOX 1407 Suite, Apt. #, etc.	
City & State Port Richey FL Zip 34668 Country PASCO		City & State Port Richey FL Zip 34673 Country PASCO	
4. FEI Number 59-3491285		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD CR 54 NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name MARY ANN MYSLAKOWIAN Street Address (P.O. Box Number is Not Acceptable) 6710 EMBASSY BLVD SUITE 204 City Port Richey FL Zip Code 34668	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/25/07	
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, JIM 113223 LAKEVIEW DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPPE, JOE 11139 KELLEHER COURT NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, JIM 11015 HIDDEN TREASURE COURT NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYLE, GREG 11227 LAKEVIEW DR. NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAPLES, PAM 11248 LAKEVIEW DR NEW PORT RICHEY, FL 34651 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENT Postma 11208 Kelleher Dr New Port Richey FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:		Date 4/27/07 Daytime Phone # 727-859-9734	