

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002030

1. Entity Name
**GOLDEN ACRES ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**6710 EMBASSY BLVD
204
PORT RICHEY, FL 34668**

Mailing Address
**P.O. BOX 1407
PORT RICHEY, FL 34673**



04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3491285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MYSZKOWIAN, MARY ANN
6710 EMBASSY BLVD SUITE 204
PORT RICHEY, FL 34668**

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IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, JIM
STREET ADDRESS	113223 LAKEVIEW DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	TD
NAME	HOPPE, JOE
STREET ADDRESS	11139 KELLEHER COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	VD
NAME	DONOVAN, JIM
STREET ADDRESS	11015 HIDDEN TREASURE COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	S
NAME	NAPLES, PAM
STREET ADDRESS	11248 LAKEVIEW DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34651
TITLE	P
NAME	POSTMA, BRENT
STREET ADDRESS	11208 KELLEHER DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80025-021 61.25

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IN THIS SPACE

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR