

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003561 (6)

1. Corporation Name

THE GOLDEN SANCTUARY PHASE I HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**8 BARBARA COURT
SATELLITE BEACH FL 32937**

**8 BARBARA COURT
SATELLITE BEACH FL 32937**

3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

First Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANGONON, PAT L
8 BARBARA COURT
SATELLITE BEACH FL 32937**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Pat L. Mangonon

(NOTE: Registered Agent signature required when reinstating)

4/28/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

TITLE ☐ DELETE

**D
MANGONON, VIRILIO A
240 BRIGHTON AVENUE
STATEN ISLAND NY 10301**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
SANTIAGO, EDUARDO L
719 HIGHWAY 43, BY-PASS N.E., SUITE G
RUSSELLVILLE AL 35653**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**DPST
MANGONON, PAT L
8 BARBARA COURT
SATELLITE BEACH FL 32937**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.2 NAME ☐ Change ☐ Addition

**6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

**100001830321
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***61.25**

Pat L. Mangonon

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pat L. Mangonon **PAT L. MANGONON**

4/28/96

(407) 777-4734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)