


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000003499	
1. Entity Name NORTH GOLDENROD COMMERCE PARK OWNERS' ASSOCIATION, INC.	

Principal Place of Business 4607 METRIC DR WINTER PARK, FL 32792 US	Mailing Address PO BOX 4180 WINTER PARK, FL 32793 US
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**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3455855	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  BROENNLE, RICHARD A 4607 METRIC DR WINTER PARK, FL 32792
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of charging 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, MARK S 7201 SANDSCOVE CT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROENNLE, RICHARD A 4607 METRIC DR WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTCHEN, DOUGLAS 7306 SANDSCOVE CT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80037-023 61.25

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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: Richard Broennle 4/27/06 407-657-9333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #