

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005427

1. Entity Name

GOLDEN VALLEY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90073 047 \*\*\*\*61.25

Principal Place of Business

~~10440 KEY LANTERN DRIVE~~  
NEW PORT RICHEY FL 34654

34655

Mailing Address

~~10440 KEY LANTERN DRIVE~~  
NEW PORT RICHEY FL 34654

34655

Sorry

2. Principal Place of Business

4307 Tiburon

Suite, Apt. #, etc.

3. Mailing Address

4307 Tiburon

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey FL

Zip

Country

34655

USA

Zip

Country

34655

USA

4. FEI Number

59-3537799

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DAVID W  
10440 KEY LANTERN DRIVE  
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

Rory HoKanson

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

4307 Tiburon

Dr.

City

New Port Richey

FL

Zip Code

34655

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

Rory HoKanson

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

Pres.

DATE

4-28-00

FILE NOW:  
FEE IS \$61.25

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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, DAVID W        |  |
| STREET ADDRESS | 10440 KEY LANTERN DRIVE  |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34654 |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WILLIAMS, JEFF           |  |
| STREET ADDRESS | 10440 KEY LANTERN DRIVE  |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34654 |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | HOPPE, JOE               |  |
| STREET ADDRESS | 10440 KEY LANTERN DRIVE  |  |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34654 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | P                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Rory HoKanson             |  |
| STREET ADDRESS | 4307 Tiburon              |  |
| CITY-ST-ZIP    | New Port Richey, FL 34655 |  |
| TITLE          | V                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Pat Marsh                 |  |
| STREET ADDRESS | 9812 Nicklaus Drive       |  |
| CITY-ST-ZIP    | New Port Richey, FL 34655 |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Denise F. Williams        |  |
| STREET ADDRESS | 7512 mahaffey Drive       |  |
| CITY-ST-ZIP    | New Port Richey, FL 34653 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000

Date

Daytime Phone #

727-845-4539

CR21 03/7/99