

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005427-**

1. Entity Name

GOLDEN VALLEY HOMEOWNERS ASSOCIATION, INC.**FILED****01 APR 17 PM 3:28****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4307 TIBURON
NEW PORT RICHEY FL 34655****4307 TIBURON
NEW PORT RICHEY FL 34655**

2. Principal Place of Business

3. Mailing Address

11633 Golden Valley Drive**11633 Golden Valley Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey FL**New Port Richey FL**Zip **34654**Country **USA**Zip **34654**Country **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

7. Name and Address of New Registered Agent

**HOKANSON, RORY
4307 TIBURON
NEW PORT RICHEY FL 34655**Name **same -> Rory Hokanson**

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

11633 Golden Valley DriveCity **New Port Richey**

FL

Zip Code **34654**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOKANSEN, RORY 4307 TIBURON NEW PORT RICHEY FL 34655	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MARSH, PAT 9812 NICKLAUS DRIVE NEW PORT RICHEY FL 34655	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DENISE F 7512 MAHAFFEY DRIVE NEW PORT RICHEY FL 34653	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hokanson, Rory 11633 Golden Valley Drive New Port Richey, FL 34654	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Batchelor, William 5111 Spikehorn Drive New Port Richey, FL 34653	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Williams, Denise F. 11741 Golden Valley Drive New Port Richey FL 34654	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 employees.

SIGNATURE:

SIGNATURE OF RORY HOKANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/28/01**727 514
6141**

CR2E037 (10/00)