


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90048 049 ****61.25

DOCUMENT # N98000005427 1. Entity Name GOLDEN VALLEY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11633 GOLDEN VALLEY DRIVE NEW PORT RICHEY, FL 34654			Mailing Address 11633 GOLDEN VALLEY DRIVE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3537799	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOKANSON, RORY 11633 GOLDEN VALLEY DRIVE NEW PORT RICHEY, FL 34654				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOKANSEN, RORY		NAME		
STREET ADDRESS	11633 GOLDEN VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATCHELOR, WILLIAM		NAME	Strand, Arnette M.	
STREET ADDRESS	10700 LUSCOMBE CT		STREET ADDRESS	11800 Golden Valley Drive	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DENISE F		NAME		
STREET ADDRESS	11741 GOLDEN VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Rory C. Hokansen</i>			SIGNATURE: <i>Rory C. Hokansen</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 3/28/05 (727) 379-9201		