

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 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

Zip

Country

1st MOORE

CR2E037 (10/05)

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
11633 GOLDEN VALLEY DRIVE
NEW PORT RICHEY FL 34654**

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOKANSEN, RORY
STREET ADDRESS 11633 GOLDEN VALLEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE DV ☒ Delete
NAME BATCHELOR, WILLIAM
STREET ADDRESS 10700 LUSCOMBE CT
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ST ☐ Delete
NAME WILLIAMS, DENISE F
STREET ADDRESS 11741 GOLDEN VALLEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE V ☐ Delete
NAME STRAND, ARNELLE M
STREET ADDRESS 11800 GOLDEN VALLEY DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Denise Williams

2-18-2006-- 727-379 0769