

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758287

Entity Name: GOTH A COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**9633 WESTOVER ROBERTS RAOD
WINDERMERE, FL 34786**Current Mailing Address:**P O BOX 192
GOTH A, FL 34734 US**FEI Number:** 54-1938820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALSH, LINDA HELMLING
9633 WESTOVER ROBERTS RAOD
WINDERMERE, FL 34786 US*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:** LINDA H. WALSH

03/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name WALSH, LINDA
Address 9633 WESTOVER ROBERTS ROAD
City-State-Zip: WINDERMERE FL 34786

Title CHAIRMAN, DIRECTOR
Name POSGAI, SCOTT DR.
Address 9423 WESTOVER ROBERTS RD
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name POSGAI, DEBI
Address 9423 WESTOVER ROBERTS RD
City-State-Zip: WINDERMERE FL 34786

Title SECRETARY, DIRECTOR
Name JOHNSON, DONNA
Address 10532 MOORE RD
City-State-Zip: GOTH A FL 34734

Title DIRECTOR
Name MCFARLAND, NEAL
Address 1908 SECRETARIAT COURT
City-State-Zip: GOTH A FL 34734

Title VC, DIRECTOR
Name LANINFA, MELISSA
Address 1476 HEMPEL AVENUE
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name HARGREAVES, DOREEN
Address 10533 OAKVIEW POINTE TERRACE
City-State-Zip: GOTH A FL 34734

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA WALSH**TREASURER, DIRECTOR** 03/28/2020

Electronic Signature of Signing Officer/Director Detail

Date