## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758287** 

Entity Name: GOTHA COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:** 

9561 GOTHA RD

WINDERMERE, FL 34786

**Current Mailing Address:** 

P O BOX 192

GOTHA, FL 34734 US

FEI Number: 54-1938820 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARDAMAN, A. KURT ATTORNEY 1947 LEE ROAD WINTER PARK, FL 32789 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: ATTORNEY A. KURT ARDAMAN 08/26/2015

Electronic Signature of Registered Agent

Date

**FILED** Aug 26, 2015

**Secretary of State** 

CC8373458417

Officer/Director Detail:

Title Title DP

WALSH, LINDA Name SIMMONS, DENZELL Name 9633 WESTOVER ROBERTS ROAD Address 1329 DINGENS AVE Address

City-State-Zip: WINDERMERE FL 34786 WINDERMERE FL 34786 City-State-Zip:

Title D Title D

Name WERY, TELETHE WERY, CAMILLE Name Address 10568 MOORE RD Address 10568 MOORE RD GOTHA FL 34734 City-State-Zip: City-State-Zip: GOTHA FL 34734

Title VC Title D

Name HARGREAVES, DOREEN ARDAMAN, KURT Name

Address 10533 OAK VIEW POINTE TERR. 1947 LEE RD Address

City-State-Zip: GOTHA FL 34734 City-State-Zip: WINTER PARK FL 32789

Title **SECRETARY** 

SCHRETZMANN-MYERS, THERESA A. Name

2713 TRYON PLACE Address WINDERMERE FL 34786 City-State-Zip:

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.

08/26/2015 SIGNATURE: THERESA SCHRETZMANN-MYERS **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date