

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763365

Entity Name: GOLDENROD VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O FLARENT INC. 1488 SEMINOLA BLVD
CASSELBERRY, FL 32707**Current Mailing Address:**C/O FLARENT INC
1488 SEMINOLA BLVD
CASSELBERRY, FL 32707 US**FEI Number:** 59-2214618**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPEAK, JESSICA A
1488 SEMINOLA BLVD
CASSELBERRY, FL 32707 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:** JESSICA SPEAK

01/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	CURRAN, MAUREEN
Address	C/O FLARENT INC. 1488 SEMINOLA BLVD
City-State-Zip:	CASSELBERRY FL 32707

Title	D
Name	PARONE, PAUL
Address	C/O FLARENT INC. 1488 SEMINOLA BLVD
City-State-Zip:	CASSELBERRY FL 32707

Title	TD, PRESIDENT
Name	JOHNSON, JOSEPH
Address	C/O FLARENT INC. 1488 SEMINOLA BLVD
City-State-Zip:	CASSELBERRY FL 32707

Title	D
Name	SMITH, DONALD
Address	C/O FLARENT INC. 1488 SEMINOLA BLVD
City-State-Zip:	CASSELBERRY FL 32707

Title	VP
Name	CAMPBELL, AL
Address	C/O FLARENT INC. 1488 SEMINOLA BLVD
City-State-Zip:	CASSELBERRY FL 32707

Title	DIRECTOR
Name	BERNS, ALICE
Address	C/O FLARENT INC. 1488 SEMINOLA BLVD
City-State-Zip:	CASSELBERRY FL 32707

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: JOSEPH JOHNSON**PRESIDENT**

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date