2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725100

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90074 041 ****61.25

1. Entity Name

GOLDEN LAKES VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 GOLDEN LAKES BLVD WEST PALM BEACH FL 33411	1700 GOLDEN LAKES BLVD WEST PALM BEACH FL 33411-2311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1514568 ☐ 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
SPAIR, M. R 222 LAKEVIEW AVENUE 14TH FLOOR WEST PALM BEACH FL 33401	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.

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

9. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLD, LESTER 423 LAKE HELEN DR WEST PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPLIN, NAOMI 343 LAKE FRANCES DR WEST PALM BEACH FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRSCHENBAUM, MANNY 304 LAKE CAROL DRIVE WEST PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 RUGGIERO, NICK 151 LAKE ANNE DR WEST PALM BEACH FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WORTHMAN, BERNARD 119 LAKE CAROL DR WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GOLDMAN, BERNICE 114 LAKE IRENE DRIVE WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAPLAN, HY 433 LAKE FRANCES DRIVE WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRIES, GEORGE 442 LAKE CAROL DRIVE WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition

CR2E037 (9/99)

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: X Bernice Goldman PRES X 2-28-00 561-689-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #