

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90139 026 ****61.25

DOCUMENT # 725100

1. Entity Name

GOLDEN LAKES VILLAGE ASSOCIATION, INC.

BU044425



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1700 GOLDEN LAKES BLVD
WEST PALM BEACH FL 33411

Mailing Address
1700 GOLDEN LAKES BLVD
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1514568

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **KENNETH S. DIREKTOR**

Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRALIAN AVE S. 2A FLOOR

40 BECKER & POLIAKOFF, P.A.

City **WEST PALM BEACH**

FL

Zip Code
33401

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 **D** ☒ Delete
 NAME **CAPLIN, NAOMI**
 STREET ADDRESS **343 LAKE FRANCES DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **S** ☐ Change ☒ Addition
 NAME **JEANNE SCHAPPER**
 STREET ADDRESS **115 L. DORA DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **D** ☐ Delete
 NAME **RUGGIERO, NICK**
 STREET ADDRESS **151 LAKE ANNE DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

TITLE **S** ☐ Delete
 NAME **WORTHMAN, BERNARD**
 STREET ADDRESS **119 LAKE CAROL DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **GOLDMAN, BERNICE**
 STREET ADDRESS **114 LAKE IRENE DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **KAPLAN, HY**
 STREET ADDRESS **433 LAKE FRANCES DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **FRIES, GEORGE**
 STREET ADDRESS **442 LAKE CAROL DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

BERNARD WORTHMAN, V.P. 4/17/01 561-689-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)