

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90206 009 ****61.25

DOCUMENT # **725100**
1. Entity Name
GOLDEN LAKES VILLAGE CONDO ASSOC. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 GOLDEN LAKES BLVD
Suite, Apt. #, etc.

3. Mailing Address
1700 GOLDEN LAKES BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH FL
Zip
33411
Country

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WEST PALM BEACH FL
Zip
33411
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4. FEI Number
59-1514568
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
KENNETH S. DIREKTOR
Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRALIAN AVE
c/o 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 _____

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNARD WORTHMAN 119 LAKE CAROL DRIVE WEST PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HY KLAPLAN 423 LAKE HELEN DRIVE WEST PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE FRIES 442 LAKE CAROL DRIVE WEST PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEANNE SCHUPPER 115 LAKE DORA DRIVE WEST PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICK RUGGIERO 151 LAKE ANNE DRIVE WEST PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM MAZZA 110 LAKE HELEN WEST PALM BEACH FL 33411	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **General [Signature]**

6-3-02 11-189-2142

CR2E037B (12/01)