2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2004 8:00 am **DOCUMENT # 725100 Secretary of State** 1. Entity Name 03-26-2004 90027 049 ****61.25 GOLDEN LAKES VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 1700 GOLDEN LAKES BLVD 1700 GOLDEN LAKES BLVD WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1514568 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIREKTOR, KENNETH S Street Address (P.O. Box Number is Not Acceptable) 500 AUSTRALIAN AVE S WEST PALM BEACH FL 33401 City 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PETER KING TITLE Delete TITLE Change Addition MAZZA, TOM DIRECTOR NAME NAME 125 LAKE CAROL DR. 110 LAKE HELEN DRIVE STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33411 WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-7IP SECRETARY TITLE □ Defete TITLE Addition RUGGIERO, NICK NAME NAME 151 LAKE ANNE DR STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Addition TITLE TITLE Change □ Delete BESS WILKOFSKY DR. WORTHMAN, BERNARD NAME NAME 119 LAKE CAROL DR STREET ADDRESS STREET ADDRESS W. PALMBEACH FL 33411 WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP TREASURER Delete Addition TITLE TITLE Change Change SCHUPPER, JEANHE TONY VARANO DR. NAME NAME 115 LAKE DORA STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 PAIM BEACH FL 334/1 CITY-ST-7IP CITY-ST-ZIP DIRECTOR HY BIEN STOCK 430 LAKE CAROL DR TITLE ☐ Delete TITLE Change Addition KAPLAN, HY NAME NAME 423 LAKE HELEN DR STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 W. PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-7IP DIRECTOR ☐ Delete TITLE TITLE Addition KING, DORIS NAME NAME 413 LAKE CAROL STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP

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 WARTHIN

FILED