

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90044 034 \*\*\*\*61.25

**DOCUMENT # 735534**

1. Entity Name

**GOLDEN LAKES TEMPLE, INC.**



Principal Place of Business

**1470 GOLDEN LAKES BLVD.  
WEST PALM BEACH FL 33411**

Mailing Address

**1470 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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-1713631**

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

**SAPIR, ISIDORE  
449 GOLDEN RIVER DRIVE  
WEST PALM BCH FL 33411**

Name **ANNETTE GERSTENFELD**

Street Address (P.O. Box Number is Not Acceptable)

**125 LAKE NANEY DR**

**W. PALM BCH**

City

**FL**

Zip Code

**33411**

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: FEES \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ZALESCH, HAROLD**  
STREET ADDRESS **199 LAKE FRANCES DR**  
CITY-ST-ZIP **W PALM BCH FL 33411**

TITLE **1VPD** ☐ Delete  
NAME **STEINHARDT, GUNTHER**  
STREET ADDRESS **208 LAKE HELEN DR**  
CITY-ST-ZIP **W PALM BCH FL 33411**

TITLE **SVP** ☐ Delete  
NAME **WEST, RAYMOND**  
STREET ADDRESS **218 LAKE MERYL DR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **TD** ☐ Delete  
NAME **GERSTENFELD, ANNOTTE**  
STREET ADDRESS **125 LAKE NANEY DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **FS** ☐ Delete  
NAME **FUKS, ABA**  
STREET ADDRESS **103 LAKE AVE.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **S** ☐ Delete  
NAME **BERGER, ESTELLE**  
STREET ADDRESS **154 LAKE MERYL DR, APT. 159**  
CITY-ST-ZIP **WEST PALM BCH FL 33411**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **GERSTENFELD, ANNETTE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **FUKS, ADA**  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/31/06**