

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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95 MAY -1 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741414 (7)  
1. Corporation Name  
GOLDEN LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
1500 GOLDEN LAKES BLVD WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1978  
3a. Date of Last Report 04/05/1994  
4. FEI Number 59-1941590  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
MOLLENGARDEN, PETER C.  
BECKER & POLIAKOFF, P.A.  
450 S. AUSTRALIAN AVE., 7TH FLOOR  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when heretofore)

12. OFFICERS AND DIRECTORS

TITLE	P D
NAME	MEDOFF, ELEANOR
STREET ADDRESS	148 LK GLORIA DR
CITY ST ZIP	W PALM BCH FL
TITLE	VP D
NAME	BLACK, AARON
STREET ADDRESS	252 LAKE MERYL DRIVE
CITY ST ZIP	WEST PALM BEACH FL
TITLE	SECRETARY S D
NAME	RUICK, MITCHELL AIG, HERB
STREET ADDRESS	115 LAKE REBECCA DRIVE
CITY ST ZIP	WEST PALM BEACH FL 150-137 Lake Nancy Drive West Palm Beach, FL
TITLE	T D
NAME	WEISS, IDA DENNIS MELTZER
STREET ADDRESS	109 LAKE PAULA DRIVE 234 LAKE NANCY LANE
CITY ST ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	300001482393
14 CITY ST ZIP	-05/10/95--01029--017
21 TITLE	***130.00 ***130.00 Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	SECRETARY S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	AIG, HERB
33 STREET ADDRESS	150-137 LAKE NANCY DRIVE
34 CITY ST ZIP	WEST PALM BEACH, FLORIDA 33411
41 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MELTZER, DENNIS
43 STREET ADDRESS	234 LAKE NANCY LN
44 CITY ST ZIP	WEST PALM BCH, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Eleanor Medoff* 4-17-95 407-688-9106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signature 14.000)