

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90162 011 ****61.25

DOCUMENT # 741414

1. Corporation Name

GOLDEN LAKES HOMEOWNERS ASSOCIATION, INC.

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

Mailing Address
1500 GOLDEN LAKES BLVD
WEST PALM BEACH FL 33411



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/20/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1941590

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLLENGARDEN, PETER C.
BECKER & POLAKOFF, P.A.
450 S. AUSTRALIAN AVE., 7TH FLOOR
WEST PALM BEACH FL 33401

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MEDOFF, ELEANOR
STREET ADDRESS 148 LK GLORIA DR
CITY-ST-ZIP W PALM BCH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME BLACK, AARON
STREET ADDRESS 252 LAKE MERYL DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME AIG., HERB
STREET ADDRESS 150-137 LAKE NANCY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33411

3.1 TITLE Change Addition
3.2 NAME SD DENNIS MELTZER
3.3 STREET ADDRESS 135-234 LAKE NANCY LANE
3.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33411

TITLE TD
NAME WEISS, IDA
STREET ADDRESS 103 LAKE PAULA
CITY-ST-ZIP WEST PALM BEACH FL 33411

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eleanor Medoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99

689-9106

004:1

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