

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **741414**

1. Entity Name

GOLDEN LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90091 014 ****61.25

Principal Place of Business 1500 GOLDEN LAKES BLVD WEST PALM BEACH FL 33411	Mailing Address 1500 GOLDEN LAKES BLVD WEST PALM BEACH FL 33411-2202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1941590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. 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**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEDOFF, ELEANOR	
STREET ADDRESS	148 LK GLORIA DR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACK, AARON	
STREET ADDRESS	252 LAKE MERYL DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MELTZER, DENNIS	
STREET ADDRESS	135-234 LAKE NANCY LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEISS, IDA	
STREET ADDRESS	103 LAKE PAULA	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weiss, Ida	
STREET ADDRESS	103 Lake Paula	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meltzer Dennis	
STREET ADDRESS	135-234 Lake Nancy Ln	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eleanor Medoff* **ELEANOR MEDOFF** DATE: **4-12-00** DAYTIME PHONE #: **561 689-9106**

CR2E037 19/99