

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90987 020 ****61.25

00058746

DO NOT WRITE IN THIS SPACE

DOCUMENT # 741414
1. Entity Name
 GOLDEN LAKES HOMEOWNERS ASSOCIATION

Principal Place of Business **Mailing Address**
 1500 GOLDEN LAKES BLVD. 1500 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.
 City & State City & State

4. FEI Number 59-1941590 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEDOFF, ELEANOR	
STREET ADDRESS	148 LAKE GLORIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACK, AARON	
STREET ADDRESS	252 LAKE MERYL DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MELTZER, DENNIS	
STREET ADDRESS	2682 MUSKEGON WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEISS, IDA	
STREET ADDRESS	103 LAKE PAULA DRIVE	
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 DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTZER, DENNIS	
STREET ADDRESS	2682 MUSKEGON WAY	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 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 4-20-01 (561) 689-9106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)