

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90009 050 \*\*\*\*61.25

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**DOCUMENT # 741414**

1. Entity 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
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00000001



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 <b>59-1941590</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME PD MEDOFF, ELEANOR STREET ADDRESS 148 LK GLORIA DR CITY-ST-ZIP W PALM BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME VD BLACK, AARON STREET ADDRESS 252 LAKE MERYL DRIVE CITY-ST-ZIP WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD WEISS, IDA STREET ADDRESS 103 LAKE PAULA CITY-ST-ZIP WEST PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME TD MELTZER, DENNIS STREET ADDRESS 135-134 LAKE NANCY LANE CITY-ST-ZIP WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD Ram, Joseph STREET ADDRESS 140 Lake Nancy Lane #116 CITY-ST-ZIP West Palm Beach, Florida 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VC Mogul, Norman STREET ADDRESS 109 Lake Meryl Drive CITY-ST-ZIP West Palm Beach, Florida 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD Brown, Robert STREET ADDRESS 113 Lake Susan Drive CITY-ST-ZIP West Palm Beach, Florida 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD Toub, Joseph STREET ADDRESS 110 Lake Meryl Drive #116 CITY-ST-ZIP West Palm Beach, Florida 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph Ram* **JOSEPH RAM** 4-5-02 561 889-9106

CR2E037 (9/01)