2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #741414

1. Entity Name
GOLDEN LAKES HOMEOWNERS ASSOCIATION, INC.



FILED Apr 10, 2006 8:00 am Secretary of State

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	04-10-2006 90299 00
- TO	
j	600000

2328 S CONGRESS AVENUE 23 STE 2A STI		2328 STE :	lailing Address 2328 S CONGRESS AVENUE STE 2A VEST PALM BEACH, FL 33406			60026250						
2. Principal P	lace of Busin	ness	3. Mai	ling Address								
Suite, Apt.	#, etc.		Su	ite, Apt. #, etc.				01172006 Chg-NP CR2E037 (11/05)				
City & Stat	e		Cit	y & State				4. FEI Number 59-194159				plied For
Zip		Country	Žip)	Cou	intry		5. Certificate of S			8.75 Add	
	6. Name	and Address of Current I	Registere					7. Name and Add			ee Require	d
MOLLENGARDEN, PETER C. BECKER & POLIAKOFF, P.A. 450 S. AUSTRALIAN AVE., 7TH FLOOR WEST PALM BEACH, FL 33401				Name Street Ac								
						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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	_	ee Is \$61.25 May 1, 2006		9. Election Can Trust Fund C	. •			\$5.00 May Be Added to Fees		Make check orida Departi		
10.		OFFICERS AND DIR	ECTORS		11.		A	ADDITIONS/CHANG	ES TO OFFIC	ERS AND DIR	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2328 S C	, LEANOR ONGRESS AVENUE ST ALM BEACH, FL 33406	E 2A	☐ Delete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2328 S C	NORMAN ONGRESS AVENUE ST NLM BEACH,.EL. 33408	E 2A	☑ Delete		1	232	OWN, ROBERT 8 S. CONGRESS ST.PALM BEACH		ITE 2A	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, FRAN ONGRESS AVENUE ST ALM BEACH, FL 33406	E 2A	☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OSEPH ONGRESS AVENUE ST ALM BEACH, FL 33406	E 2A	☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16 , AL - A · ·		Also for	☐ Delete	CfTY-	ET ADDRESS ST-ZIP		6 01-110 5	ide Chesses		☐ Change	Addition
indicated	ertify that the on this repo	e information supplied with rt or supplemental report is	true and	does not qualify for accurate and that n	the exe ny signat	mptions co ure shall ha	intained ave the s	in Chapter 119, Flor ame legal effect as	rida Statutes. It made unde	i further certify r oath; that I an	that the in an officer	ormation 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:	Elem Hadl. Exeria Meart. Pus	4-4-06	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone ∉
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