

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741414

FILED
Apr 07, 2009
Secretary of State

Entity Name: GOLDEN LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2328 S CONGRESS AVENUE
STE 2A
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

2328 S CONGRESS AVENUE
STE 2A
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-1941590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
% KENNETH S. DIREKETOR, ESQ.
625 NORTH FLAGLER DRIVE 7TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEDOFF, LEANOR
Address: 2328 S CONGRESS AVENUE STE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: BROWN, ROBERT
Address: 2328 S CONGRESS AVENUE STE 2A
City-St-Zip: WEST PALM BEACH, FL 33408

Title: SD () Delete
Name: BERMAN, BETTY
Address: 2328 S CONGRESS AVENUE STE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD () Delete
Name: TOUB, JOSEPH
Address: 2328 S CONGRESS AVENUE STE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEDOFF, ELEANOR
Address: 2328 S CONGRESS AVENUE STE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BERKOWITZ, SYBIL
Address: 2328 S CONGRESS AVENUE STE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR MEDOFF

P

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date