

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 06, 2002 8:00 am**
Secretary of State

05-06-2002 90032 035 ****61.25

DOCUMENT # N97000006627

1. Entity Name

GOLDEN LAKE HOMEOWNERS' ASSOCIATION OF ORLANDO, INC.

Principal Place of Business

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

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

59-3494071

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD FL 32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSTD ☒ Delete
NAME HOLLO, JEROME
STREET ADDRESS 2816 EAST ROBINSON STREET, SUITE 200
CITY-ST-ZIP ORLANDO FL 32803TITLE PD ☐ Change ☒ Addition
NAME HARRIS, MICHAEL
STREET ADDRESS 7727 Hidden Cypress Drive
CITY-ST-ZIP Orlando, FL 32822TITLE D ☒ Delete
NAME HOLLO, WAYNE
STREET ADDRESS 2816 E ROVINSON ST STE 200
CITY-ST-ZIP ORLANDO FL 32803TITLE VPD ☐ Change ☒ Addition
NAME WYLIE, MARIA
STREET ADDRESS 7700 Hidden Cypress Drive
CITY-ST-ZIP Orlando, FL 32822TITLE D ☒ Delete
NAME PARKER, LINDA
STREET ADDRESS 2816 E ROVINSON ST STE 200
CITY-ST-ZIP ORLANDO FL 32803TITLE SD ☐ Change ☒ Addition
NAME YANCEY, CHARLES
STREET ADDRESS 7715 Hidden Cypress Drive
CITY-ST-ZIP Orlando, FL 32822TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Change ☒ Addition
NAME KILLETS, FRANK
STREET ADDRESS 7647 Hidden Cypress Drive
CITY-ST-ZIP Orlando, FL 32822TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Change ☒ Addition
NAME ELLICOTT, ROBERT
STREET ADDRESS 7744 Hidden Cypress Drive
CITY-ST-ZIP Orlando, FL 32822TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Michael Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)