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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N01905** (1)

1. Corporation Name

GOLF LAKES RESIDENTS' ASSOCIATION, INC.

Principal Place of Business

**GOLF LAKES RECREATIONAL HALL
5060 FIFTH STREET EAST
BRADENTON FL 34203**

Mailing Address

**GOLF LAKES RECREATIONAL HALL
5060 FIFTH STREET EAST
BRADENTON FL 34203-4602**3. Date Incorporated or Qualified
03/13/19843a. Date of Last Report
01/31/1996

4. FEI Number

59-2785849

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KORP, WILLIAM R
SUITE 199
333 S. TAMiami TRAIL
VENICE FL 34285**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☐ DELETE
NAME **SULLIVAN, EDWARD J.**
STREET ADDRESS **715 49TH AVE. E.**
CITY - ST - ZIP **BRADENTON FL**TITLE **SD** ☐ DELETE
NAME **DONNELLY, MARY S.**
STREET ADDRESS **4921 7TH ST. E.**
CITY - ST - ZIP **BRADENTON FL**TITLE **PD** ☐ DELETE
NAME **ODEN, COLLEEN**
STREET ADDRESS **4911 1 A ST EAST**
CITY - ST - ZIP **BRADENTON FL**TITLE **VD** ☐ DELETE
NAME **ANDERSON, ROBERT**
STREET ADDRESS **4930 - 8TH ST., E.**
CITY - ST - ZIP **BRADENTON FL**TITLE **D** ☐ DELETE
NAME **OLEWILER, ROBERT**
STREET ADDRESS **602 49 AVE. DR. E.**
CITY - ST - ZIP **BRADENTON FL**TITLE **D** ☐ DELETE
NAME **BELYEA, DONALD**
STREET ADDRESS **5115 6 C ST. E.**
CITY - ST - ZIP **BRADENTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Colleen J. Oden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*J. Oden* 1-16-97 941-755-3322
Date Daytime Phone # 0081398

CR2E037 (9/96)