


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90001 031 ****70.00

0065779

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01905					
1. Corporation Name GOLF LAKES RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business GOLF LAKES RECREATIONAL HALL 5050 FIFTH STREET EAST BRADENTON FL 34203			Mailing Address GOLF LAKES RECREATIONAL HALL 5050 FIFTH STREET EAST BRADENTON FL 34203		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/13/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2785849	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, EDWARD J.			1.2 NAME	JOHN R. POTTS		
STREET ADDRESS	715 49TH AVE. E.			1.3 STREET ADDRESS	4805 8th B St. E.		
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST-ZIP	Bradenton, FL 34203		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONNELLY, MARY S.			2.2 NAME	Colleen J. Oden		
STREET ADDRESS	4921 7TH ST. E.			2.3 STREET ADDRESS	4911 1st A St. E.		
CITY-ST-ZIP	BRADENTON FL			2.4 CITY-ST-ZIP	Bradenton, FL 34203		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODEN, COLLEEN			3.2 NAME	JOHN M. BAUMAN		
STREET ADDRESS	4911 1 A ST EAST			3.3 STREET ADDRESS	4904 2nd A St. E.		
CITY-ST-ZIP	BRADENTON FL			3.4 CITY-ST-ZIP	BRADENTON, FL 34203		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, ROBERT			4.2 NAME			
STREET ADDRESS	4930 - 8TH ST., E.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAY, DOROTHY E			5.2 NAME			
STREET ADDRESS	4804 8TH B ST. E.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELYEA, DONALD			6.2 NAME	ROBERT L. APPELGREN		
STREET ADDRESS	5115 6 C ST. E.			6.3 STREET ADDRESS	4906 3rd BSt. E.		
CITY-ST-ZIP	BRADENTON FL			6.4 CITY-ST-ZIP	Bradenton, FL 34203		

14. 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 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED John M. Bauman 1/14/99 (941) 755-3322

CR2E037 (11/98)