2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # N01905** 1. Entity Name GOLF LAKES RESIDENTS' ASSOCIATION, INC. 01-26-2000 90033 046 ****61.25 Principal Place of Business Mailing Address **GOLF LAKES RECREATIONAL HALL GOLF LAKES RECREATIONAL HALL** 5050 FIFTH STREET EAST 5050 FIFTH STREET EAST 80007605 **BRADENTON FL 34203-4602 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2785849 Not Applicable Country \$8.75 Additional Country , 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KORP, WILLIAM R **SUITE 199** 333 S. TAMIAMI TRAIL Zip Code FL VENICE FL 34285 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9, Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE ☐ Chance TITI F NAME NAME POTTS, JOHN R STREET ADDRESS STREET ADDRESS 4805 8TH B STREET E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Addition SD TITLE Delete TITLE Jahnke, Barbarak. ODEN. COLLEEN J NAME NAME 494 D Ave DR. E. STREET ADDRESS STREET ADDRESS 4911-1ST-A-STREET-E~ --Bradenton, FL 34203 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** PD ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME Bauman, John M STREET ADDRESS STREET ADDRESS 4904 2ND A STREET E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Change PD Addition TITLE ☐ Delete TITLE ANDERSON, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4930 - 8TH ST., E. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Delete TITLE ☐ Change Addition TITLE NAME DAY, DOROTHY E NAME STREET ADDRESS STREET ADDRESS 4804 8TH B ST. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change Addition ☐ Delete TITLE TITLE APPELGREN, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS 4906 3RD B STREET E. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 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 endower in the corporation of the corporation 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 all other like endower in the corporation of the corp

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