

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90088 041 ****61.25

DOCUMENT # N15694

1. Entity Name

GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATI

Principal Place of Business

Mailing Address

~~1800 GOLDEN PONDS DR~~
~~FT PIERCE FL 34945~~

~~1800 GOLDEN POND DR~~
~~FT PIERCE FL 34945~~

US 10001 W. ANGLE RD
 FT. PIERCE, FL 34945

US 10001 W. ANGLE RD
 FT. PIERCE, FL 34945

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

59-2807559

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

CAMPBELL, REYBURN W. SR
 1747 BAR HARBOR DR.
 FT. PIERCE FL 34945

JERRY KIRK
 10003 BAR HARBOR CT
 FT. PIERCE FL 34945

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

JERRY KIRK

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. 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	PD	<input type="checkbox"/> Delete
NAME	KIRK, JERRY	
STREET ADDRESS	10003 BAR HARBOR CT	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUF CUT, ELOISE	
STREET ADDRESS	1756 STONYBROOK DR	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLLIS, MARY	
STREET ADDRESS	1739 BAR HARBOR DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	CLARK, LEA	
STREET ADDRESS	10107 GASLIGHT CT	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEGREE, SUSAN	
STREET ADDRESS	1844 GOLDEN PONDS DR	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DALY, EDWARD L	
STREET ADDRESS	1735 WALDEN POND DR	
CITY-ST-ZIP	FT. PIERCE FL 34945	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS. MARILYN HAGIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10111 MILL CREEK LA.	
STREET ADDRESS	FT. PIERCE, FL. 34945	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01 561-466-1749

CR2E037 (10/00)