

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90089 039 ****61.25

DOCUMENT # N01905

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2785849

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

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

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 \$61.25**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
POTTS, JOHN R
4805 8TH B STREET E.
BRADENTON FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOLFRUM, CARL
4908 6TH B ST. E.
BRADENTON, FL. 34203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JAHNKE, BARBARA K
702 49TH D AVE DR. E.
BRADENTON FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUCKLES, RICHARD
506 50TH C. AVE. E.
BRADENTON, FL 34203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BAUMAN, JOHN M
4904 2ND A STREET E.
BRADENTON FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEHYMER, ROSEMARY
4910 6TH B ST. E.
BRADENTON, FL 34203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANDERSON, ROBERT
4930 - 8TH ST., E.
BRADENTON FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HABEGGER, CHARLES
703 49TH A AVE. DR. E.
BRADENTON, FL 34203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DAY, DOROTHY E
4804 8TH B ST. E.
BRADENTON FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HEWITT, CLARENCE
504 49TH A AVE. DR. E.
BRADENTON, FL 34203** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
APPELGREN, ROBERT L
4906 3RD B STREET E.
BRADENTON FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED: BAUMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-01

Date

941-765-2231

Daytime Phone #

CR2E037 (10/00)