CR2E037 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State **DOCUMENT # NO1905** 1. Entity Name GOLF LAKES RESIDENTS' ASSOCIATION, INC. 04-01-2002 90070 030 ****61.25 Principal Place of Business Mailing Address **GOLF LAKES RECREATIONAL HALL GOLF LAKES RECREATIONAL HALL** 5050 FIFTH STREET EAST 5050 FIFTH STREET EAST **BRADENTON FL 34203** BRADENTON FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2785849 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KORP, WILLIAM R **SUITE 199** 333 S. TAMIAMI TRAIL VENICE FL 34285 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be **Make Check Payable to** FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Channe Addition POTTS, JOHN R NAME HABEGGER, CHARLES 4805 8TH B STREET E. STREET ADDRESS STREET ADDRESS 703 49th A AVE. DR. E. CITY-ST-ZIP BRADENTON FL 34203 CITY-ST-ZIP BRADENTON, FL 34203 SD TITLE ☐ Delete TITLE ☐ Change ★ Addition D Jahnke, Barbara K NAME BUCKLES, RICHARD STREET ADDRESS 702 49TH D AVE DR. E. STREET ADDRESS 506 50th C AVE. E. CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP BRADENTON, FL 34203 TITLE ☐ Delete ☐ Change ☐ Addition BAUMAN, JOHN M-NAME NAME -4904 2ND A STREET E. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP TITLE ∑ Delete TITLE Change ☐ Addition ANDERSON, ROBERT NAME NAME 4930 - 8TH ST., E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition DAY, DOROTHY E NAME MAME 4804 8TH B ST. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition APPELGREN, ROBERT L NAME NAME STREET ADDRESS 4906 3RD B STREET E. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #