

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91464 021 ****61.25

DOCUMENT # N15694

1. Entity Name

GOLDEN PONDS OF FORT PIERCE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1800 GOLDEN PONDS DR
FT PIERCE FL 34945
US

1800 GOLDEN POND DR
FT PIERCE FL 34945
US

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

KIRK, JERRY
10003 BAR HARBOR CT
FORT PIERCE FL 34945

Name

DEARCOP, CHARLES

Street Address (P.O. Box Number is Not Acceptable)

1697 GOLDEN POND DRIVE

City

FORT PIERCE

FL

Zip Code

34945

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

Charles Dearcop CHARLES DEARCOP

4-26-02

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	PD KIRK, JERRY 10003 BAR HARBOR CT FORT PIERCE FL 34945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUF CUT, ELOISE 1756 STONYBROOK DR FT. PIERCE FL 34945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAGIN, MARILYN 10111 MILL CREEK LA FORT PIERCE FL 34945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CLARK, LEA 10107 GASLIGHT CT FORT PIERCE FL 34945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEGREE, SUSAN 1844 GOLDEN PONDS DR FORT PIERCE FL 34945	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALY, EDWARD L 1735 WALDEN POND DR FT. PIERCE FL 34945	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DEARCOP, CHARLES 1697 GOLDEN POND DRIVE FT PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES RUMYON, GEORGIANA J 1845 STONYBROOK DRIVE FT PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS DEARCOP, DELLA M 1697 GOLDEN POND DRIVE FT PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST TREAS MAC DONALD JOAN 1744 STONYBROOK DRIVE FT PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES PAYNE, JOAN 10105 GAS LIGHT CT FT PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT NEWMAN, GAY 1752 STONYBROOK DRIVE FT. PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *DELLA M. DEARCOP* DELLA M. DEARCOP 4-26-02 (772) 468-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)