

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N13182**

1. Entity Name

**GOLDEN ISLES PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.****FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90174 003 \*\*\*\*61.25

0005712



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O PATRICK WILLIAMS  
501 GOLDEN ISLES DR 201F  
HALLANDALE FL 33009  
USC/O PATRICK WILLIAMS  
501 GOLDEN ISLES DR 201F  
HALLANDALE FL 33009  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2661804**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILLIAM, PATRICK  
1985 SO OCEAN DRIVE APT 16Q  
HALLANDALE FL 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.9. 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 ☐ Delete  
NAME PD  
STREET ADDRESS WILLIAMS, PATRICK  
CITY-ST-ZIP 1985 SO OCEAN DRIVE APT 16 Q  
HALLANDALE FL 33009TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME VD  
STREET ADDRESS HOPETON, ANDERSON  
CITY-ST-ZIP 2721 SW 133RD AVE  
MIRAMAR FL 33027TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME VD  
STREET ADDRESS WALKER, TREVOR  
CITY-ST-ZIP 8452 WINDSON DRIVE  
MIRAMAR FL 33025TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

PATRICK WILLIAMS

7/3/02

954 457-9002

CR2E037 (4/02)