

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90095 005 ****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		4. FEI Number 59-2785849	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z 333 S. TAMiami TRAIL - 240 S. Pineapple Ave. Gordon VENICE, FL 34285 SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFRUM, CARL		NAME		
STREET ADDRESS	4908 6TH B ST. E.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAHNKE, BARBARA K		NAME		
STREET ADDRESS	702 49TH D AVE DR. E.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMAN, JOHN M		NAME	D	
STREET ADDRESS	4904 2ND A STREET E.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HABEGGER, CHARLES		NAME		
STREET ADDRESS	703 49TH A AVE DR E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKLES, RICHARD		NAME	T	
STREET ADDRESS	506 50TH C AVE E		STREET ADDRESS	5010 6TH D ST. E.	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APPELGREN, ROBERT L		NAME		
STREET ADDRESS	4908 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # (941) 755-3322		

Charles Habegger
President

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ATTACHMENT

20090846

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City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2785849	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KORP, WILLIAM R SUITE 199 333 S. TAMiami TRAIL VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME WOLFRUM, GARY	<input type="checkbox"/> Delete		TITLE VP NAME JANE Parks	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4908 5TH B ST. E.			STREET ADDRESS 301 49th C Ave E.		
CITY-ST-ZIP BRADENTON, FL 34203			CITY-ST-ZIP BRADENTON, FL 34203		
TITLE DB NAME JAHNKE, BARBARA K	<input type="checkbox"/> Delete		TITLE D NAME DONNA SAUNDERS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 702 49TH D AVE DR. E.			STREET ADDRESS 4903 4th B St. E.		
CITY-ST-ZIP BRADENTON, FL 34203			CITY-ST-ZIP BRADENTON, FL 34203		
TITLE VP NAME BAUMAN, JOHN M	<input type="checkbox"/> Delete		TITLE D NAME Ronald Kuhn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4904 2ND A STREET E.			STREET ADDRESS 4908 3rd A St.		
CITY-ST-ZIP BRADENTON, FL 34203			CITY-ST-ZIP BRADENTON, FL 34203		
TITLE P NAME HABECGER, CHARLES	<input type="checkbox"/> Delete		TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 703 40TH A AVE DR E			STREET ADDRESS 		
CITY-ST-ZIP BRADENTON, FL 34203			CITY-ST-ZIP 		
TITLE T NAME BUCKLEB, RICHARD	<input type="checkbox"/> Delete		TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 308 50TH C AVE E			STREET ADDRESS 		
CITY-ST-ZIP BRADENTON, FL 34203			CITY-ST-ZIP 		
TITLE D NAME APPELGREN, ROBERT L	<input type="checkbox"/> Delete		TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4908 3RD B STREET E.			STREET ADDRESS 		
CITY-ST-ZIP BRADENTON, FL 34203			CITY-ST-ZIP 		
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SIGNATURE: <i>Jane Parks</i>			Date: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JANE PARKS V. President			Daytime Phone # (941) 785-3322		