

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90031 027 ****61.25


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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABEL,BAWD,RUSSELL,COLLIER,PITCHFORD&GORDON 240 S. PINEAPPLE AVE 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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOLFRUM, CARL		NAME	Parks, Jane	
STREET ADDRESS	4908 6TH B ST. E.		STREET ADDRESS	803 49th C Ave. E.	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAHNKE, BARBARA K		NAME	Donna Saunders	
STREET ADDRESS	702 49TH D AVE DR. E.		STREET ADDRESS	4903 4 B Street E.	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAUMAN, JOHN M		NAME	Warren Jorena	
STREET ADDRESS	4904 2ND A STREET E.		STREET ADDRESS	805 49th Avenue E.	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HABEGGER, CHARLES		NAME	Director	
STREET ADDRESS	703 49TH A AVE DR E		STREET ADDRESS	Eller, Phillip	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLER, PHILLIP		NAME	Treasurer	
STREET ADDRESS	5010 6TH ST E.		STREET ADDRESS	Appelgren, Robert	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APPELGREN, ROBERT L		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 exemptions contained in Chapter 119, 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: <u>Jane Parks - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/21/07</u> Daytime Phone # <u>941-755-3321</u>		

ATTACHMENT

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City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2785849	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFRUM, CARL 4908 6TH B ST. E. BRADENTON, FL 34203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goddard, Roger 803 49th A Avenue Dr. E. Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAHNKE, BARBARA K 702 49TH D AVE DR. E. BRADENTON, FL 34203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kuhn, Ronald 4908 3 A St. E. Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMAN, JOHN M 4904 2ND A STREET E. BRADENTON, FL 34203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Begin, Raymond 4920 3rd A Street E. Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HABEGGER, CHARLES 703 49TH A AVE DR E BRADENTON, FL 34203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLER, PHILLIP 5010 6TH ST E. BRADENTON, FL 34203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPELGREN, ROBERT L 4906 3RD B STREET E. BRADENTON, FL 34203 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>Jane Parks, President</u> 2/24/07 941-755-3321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					