2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01905

Entity Name: GOLF LAKES RESIDENTS' ASSOCIATION, INC.

FILED Mar 20, 2023 Secretary of State 9770160869CC

Current Principal Place of Business:

GOLF LAKES RECREATIONAL HALL 5050 FIFTH STREET EAST BRADENTON, FL 34203

Current Mailing Address:

GOLF LAKES RECREATIONAL HALL 5050 FIFTH STREET EAST BRADENTON, FL 34203

FEI Number: 59-2785849 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORDON, SCOTT E TWO NORTH TAMIAMI TRAIL ONE SARASOTA TOWER SUITE 500 SARASOTA, FL 34236 US

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: SCOTT E GORDON 03/20/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title SECRETARY Name HOOKER, MARK Name BLEVINS, KARLA

607 49TH AVENUE DRIVE EAST 4804 8TH B STREET EAST Address Address City-State-Zip: **BRADENTON FL 34203** City-State-Zip: **BRADENTON FL 34203**

Title **TREASURER** Title DIRECTOR

Name BARNICLE, GERALD KELLER, JUDY Name

Address 803 50TH C AVENUE EAST 5201 5TH STREET EAST Address City-State-Zip: **BRADENTON FL 34203** City-State-Zip: **BRADENTON FL 34203**

Title **DIRECTOR** Title DIRECTOR

MANDJACK, PATRICIA Name Name WHITE, GEORGE 4910 4TH C STREET EAST Address Address 5122 6TH C STREET EAST City-State-Zip: **BRADENTON FL 34203**

City-State-Zip: **BRADENTON FL 34203**

Title **DIRECTOR** Title DIRECTOR

Name BATTLESON, CHARLES 4934 8TH STREET EAST Address 802 50TH A AVENUE EAST Address

BRADENTON FL 34203 City-State-Zip: City-State-Zip: **BRADENTON FL 34203**

Continues on page 2

HOFMAN, JAMES

Name

03/20/2023 SIGNATURE: MARK HOOKER **PRESIDENT**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Officer/Director Detail Continued:

Title DIRECTOR

Name MITCHELL, BRENT

Address 506 49TH E AVENUE EAST
City-State-Zip: BRADENTON FL 34203