

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001964

Entity Name: GOLF LAKE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762**Current Mailing Address:**C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
CLEARWATER, FL 33762 US**FEI Number:** 20-4932937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**APPLETON, REISS & SKOREWICZ, PLLC
APPLETON, REISS & SKOREWICZ, PLLC
501 EAST KENNEDY BOULEVARD, SUITE 802
TAMPA, FL 33602 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:** ERIC APPLETON

03/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, GL
Name LA BIANCA, JACQUELINE
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title VP
Name WILSON, ROBERT
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name GOEDECKE, CAROL
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY
Name PIAZZA, JOAN
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name LENTSCH, SHARON
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name SANTACOLOMA, HERNANDO
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name SYLVANOWICZ, WILLIAM R
Address C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
City-State-Zip: CLEARWATER FL 33762

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.

SIGNATURE: JACQUELINE LABIANCA

PRESIDENT

03/07/2019

Electronic Signature of Signing Officer/Director Detail

Date