

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000151756

**Entity Name:** GOLF LAKE PROPERTIES, LLC**Current Principal Place of Business:**26 SUNSET BAY DR.  
BELLEAIR, FL 33756**Current Mailing Address:**26 SUNSET BAY DR.  
BELLEAIR, FL 33756 US**FEI Number:** 83-1004724**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVE.  
TAMPA, FL 33606 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGR
Name	ODLAND, DONNA M
Address	26 SUNSET BAY DR.
City-State-Zip:	BELLEAIR FL 33756

Title	AUTHORIZED REPRESENTATIVE
Name	ODLAND, JEFFREY LYLE
Address	12540 ENTERPRISE BLVD SUITE B
City-State-Zip:	LARGO FL 33773

Title	AUTHORIZED REPRESENTATIVE
Name	ODLAND, LYLE
Address	26 SUNSET BAY DR.
City-State-Zip:	BELLEAIR FL 33756

Title	AUTHORIZED REPRESENTATIVE
Name	ODLAND, KEITH ALLAN
Address	12540 ENTERPRISE BLVD SUITE B
City-State-Zip:	LARGO FL 33773

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DONNA ODLAND****MANAGER****04/16/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date