2003 FOR PROFIT CORPORATION

UNIFORM BU	SINESS REPO	ORT (U	DR)	Jan 13, 2003	8:00 an	
DOCUMENT # 569908				Secretary of State		
GOLDEN POND DEVELOPME	ENT CORP.	S. C.		01-13-2003 90430 0	16 ***150.00	
Principal Place of Business 4100 N. HILLS DR. HOLLYWOOD FL 33021	Mailing Address 4100 N. HILLS DR. HOLLYWOOD FL 330	021	CO WITTO			
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING	CHANGES	
City & State	City & State	/	4	FEI Number 59-1827457	Applied For	
Zip Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				Fee Required 7. Name and Address of New Registered Agent		
FEINBERG, MICHAEL		N.	ame			
4100 N. HILLS DR.			Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33021						
Pi Tho above record with		Ci	,	FL.	Zip Code	
3: The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing	g its registered off	ice or registered a	gent, or both, in the State of Florida. I am fa		
SIGNATURE					·	
	· · · · · · · · · · · · · · · · · · ·	NOTE: Registered Agent	signature required when i	reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	RS AND DIRECTORS	11.				
TLE PSD	☐ Delete	TITLE	- <u>A</u> C	ODITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
FEINBERG, MICHAEL		NAME	1	[Change Addition	
REET ADDRESS 4100 N. HILLS DR.		SIDEET ADDE	Ecc			

STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

TITLE

Name

TITLE

NAME

Daytime Phone #

☐ Addition

 \square Addition

Addition

☐ Addition

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