

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712765

1. Entity Name

GOLDEN ACRES SUBURBAN ASSOCIATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90109 021 ****61.25

Principal Place of Business

Mailing Address

9350 ELAINE DR
P.O. BOX 73
NEW PT RICHEY FL 34656-7073

P.O. BOX 471
PORT RICHEY FL 34673-0471
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2722488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMBO, PAUL
9880 OSCEOLA DR
NEW PORT RICHEY FL 34654

Name

Ken Gibson

Street Address (P.O. Box Number is Not Acceptable)

10051 Osceola Dr

New Port Richey

City

FL

Zip Code

34654

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME MORTON, JACKIE
STREET ADDRESS 1011 BUCK DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE V.P. ☐ Change ☐ Addition
NAME MORTON, JACKIE
STREET ADDRESS 1011 BUCK DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE P ☒ Delete
NAME LEMBA, PAUL
STREET ADDRESS 98880 OSCEOLA
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE PRESIDENT ☒ Change ☐ Addition
NAME KEN GIBSON
STREET ADDRESS 10051 OSCEOLA DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE T ☐ Delete
NAME ZOLTON, UNDA
STREET ADDRESS 9350 YELLOW LAKE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE TREASURER ☐ Change ☐ Addition
NAME SANDRA MC GOWAN
STREET ADDRESS HILLTOP
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Delete
NAME BENSON, GEORGE
STREET ADDRESS 9130 YELLOW LAKE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE SECRETARY ☐ Change ☐ Addition
NAME SHEILA GOEHRIG
STREET ADDRESS 10047 FOX SQUIRREL DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Delete
NAME MELTS, JIM
STREET ADDRESS LAKEVIEW
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Change ☐ Addition
NAME MELTS, JIM
STREET ADDRESS LAKEVIEW
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Delete
NAME MCGOWAN, SANDRA
STREET ADDRESS HILLTOP
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☒ Change ☐ Addition
NAME PAUL LEMBO
STREET ADDRESS 9888 OSCEOLA
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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 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:

Ken Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

Daytime Phone #

CR2E037 (9/99)