

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736538

1. Entity Name

GOLDEN ACRES COMMUNITY ASSOCIATION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90008 027 ****61.25

Principal Place of Business

Mailing Address

1720 SW 55TH LANE
OCALA FL 34474
US

1720 SW 55TH LANE
OCALA FL 34474-5940
US

709474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1621 SW 55TH LANE
Suite, Apt. #, etc.

1621 SW 55TH LANE
Suite, Apt. #, etc.

City & State

City & State

OCALA FL

OCALA, FL

4. FEI Number

59-1694024

Applied For

Not Applicable

Zip

Country

34474

USA

Zip

Country

34474

USA

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

KURTZ, KAY OSBORNE
1720 SW 55TH LANE
OCALA FL 34474

Name

Willard R. Schlietor

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

1621 SW 55TH LANE

City

OCALA

FL

Zip Code

34474

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

Willard R. Schlietor

Willard R. Schlietor

01/27/00

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	VD	<input type="checkbox"/> Delete
NAME	DAY, STEWART	
STREET ADDRESS	1721 S.W 55TH LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, KAY OSBORNE	
STREET ADDRESS	1720 SW 55TH LANE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KARVE, NANDKUMAR	
STREET ADDRESS	2091 SW 55TH STREET RD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FORNOF, PAUL	
STREET ADDRESS	2065 S.W. 55TH STREET RD.	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, RICHARD	
STREET ADDRESS	1700 S.W. 5TH LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, JON	
STREET ADDRESS	1720 SW 55TH LANE	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, STUART	
STREET ADDRESS	1721 SW 55TH LANE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becki Carmichael	
STREET ADDRESS	1815 SW 55TH STREET ROAD	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eilertsen, Ken	
STREET ADDRESS	1901 SW 55TH LANE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNOF, PAUL	
STREET ADDRESS	2065 SW 55TH STREET RD	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, Richard	
STREET ADDRESS	1700 SW 55TH LANE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hale, Phil	
STREET ADDRESS	4661 SW 7TH AVE	
CITY-ST-ZIP	OCALA FL 34474	

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:

Willard R. Schlietor

01/27/00

352-237-2831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)