## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am § Secretary of State **DOCUMENT # 736538** 1. Entity Name GOLDEN ACRES COMMUNITY ASSOCIATION, INC. 04-23-2001 90031 039 \*\*\*\*61.25 Mailing Address Principal Place of Business 1621 SW 55TH LANE 1621 SW 55TH LANE OCALA FL 34474 OCALA FL 34474 US 2. Principal Place of Business 3. Mailing Address 5572 LANG Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1694024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHLIETER, WILLARD R 1621 SW 55TH LANE OCALA FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **X** Change ☐ Addition TITLE ☐ Delete FORNIF, PAUL 2065. SW 55Th St. Rd DAY, STEWART NAME NAME STREET ADDRESS 1721 S.W 55TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE CARMICHAEL, BERKI NAME NAME STREET ADDRESS STREET ADDRESS 1815 SW 55TH STREET ROAD CITY-ST-ZIP CITY-ST-ZIE **OCALA FL 34474** TITLE ☐ Delete TITLE ☐ Change ☐ Addition EILERSTSEN. KEN NAME NAME STREET ADDRESS STREET ADDRESS 1401 SW 55TH LANE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 TITLE ☐ Delete TITLE 😾 Change ☐ Addition FORNOF, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 2065 S.W. 55TH STREET RD. CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE SD X Delete TITLE Change Addition NAME JONES, RICHARD NAME STREET ADDRESS 1700 SW 55TH STREET LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL D TITLE Delete TITLE NAME HALE, PHIL NAME STREET ADDRESS 4661 SW 7TH AVE STREET ADDRESS CITY-ST-ZIP 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

changed, or on an attachment with an address, with all other like empowered. WILLARD R. SCHIETER 04/15/01 SIGNATURE:

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 direct 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 1