

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90145 013 ****61.25

DOCUMENT # 736538

1. Entity Name

GOLDEN ACRES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

1621 SW 55TH LANE
 Ocala FL 34474
 US

Mailing Address

1621 SW 55TH LANE
 Ocala FL 34474
 US

2. Principal Place of Business

1621 SW 55th Lane

3. Mailing Address

1621 SW 55th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala, FL

4. FEI Number

59-1694024

Applied For

Not Applicable

Zip

Country

34474 MARION

Zip

Country

34474 MARION

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHLIETER, WILLARD R
 1621 SW 55TH LANE
 Ocala FL 34474

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FORNIF, PAUL	
STREET ADDRESS	2065 SW 55 ST RD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARMICHAEL, BERKI	
STREET ADDRESS	1815 SW 55TH STREET ROAD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EILERSTSEN, KEN	
STREET ADDRESS	1401 SW 55TH LANE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAY, STEWART	
STREET ADDRESS	1721 SW 55 LANE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, JANE S	
STREET ADDRESS	1771 SW 55 SR	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIGGINS, DAVID	
STREET ADDRESS	1800 SW 55 SR	
CITY-ST-ZIP	OCALA FL 34474	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLIETER, WILLARD	
STREET ADDRESS	1621 SW 55th LANE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, DOROTHY	
STREET ADDRESS	1721 SW 55th Lane	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORNIF, PAUL	
STREET ADDRESS	2065 SW 55th St. Rd.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAI, SWAROOP	
STREET ADDRESS	1900 SW 55th St Rd	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENCsik, JANET	
STREET ADDRESS	1801 SW 55th Lane	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGERTON, TERRY	
STREET ADDRESS	1800 SW 55th Lane	
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

Paul Fornif
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02

352 -
 873-7250

CR2E037 (9/01)