

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743055

FILED
Feb 16, 2009
Secretary of State

Entity Name: GOLDEN LAKES PLAZA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2200 NW 2 AVE STE 220
BOCA RATON, FL 33431

New Principal Place of Business:

2200 NW 2ND AVENUE
SUITE 220
BOCA RATON, FL 33431

Current Mailing Address:

2200 NW 2 AVE STE 220
BOCA RATON, FL 33431

New Mailing Address:

2200 NW 2ND AVENUE
SUITE 220
BOCA RATON, FL 33431

FEI Number: 65-0897290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEISE, MARTIN P
2200 NW 2 AVE STE 220
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEISE, MARTIN
Address: 2200 NW BOCA RATON BLVD, SUITE 220
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: VASSALO, JOE
Address: 303 BANYAN BLVD, SUITE 101
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: HULETT, TIMOTHY
Address: C/O HULETT ENVIRO. 1959 W. 9TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: SIMPSON, ROBERT
Address: C/O PALM BEACH MOTORS, 915 S. DIX. HWY.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: HAROLD, MURPHY
Address: 13245 COMPTON RD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: BB, T
Address: 2825 REYNOLDA RD
City-St-Zip: WINSTON SALEM, NC 27106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEISE, MARTIN P PRES
Address: 2200 NW BOCA RATON BLVD, SUITE 220
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN HEISE

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date