

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743055

FILED
Jan 04, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: HEISE, MARTIN P PRES
Address: 2200 NW BOCA RATON BLVD, SUITE 220
City-St-Zip: BOCA RATON, FL 33431

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARTIN HEISE

PD

01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date