# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 01, 2001 8:00 am**
**Secretary of State**
03-01-2001 91339 050 ****61.25

DOCUMENT # 755383

1. Entity Name

GOLF LAKE VILLAS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 65<br>JENSEN BEACH FL 34957 | P O BOX 65<br>JENSEN BEACH FL 34957 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip 34958 Country | Zip 34958 Country |

4. FEI Number 59-2433944 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CORNETT, JANE L.<br>WACKEEN, CORNETT & GOOGE, P.A.<br>401 EAST OSCEOLA STREET<br>STUART FL 34994 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PETROT, A A<br>P O BOX 6077<br>VERO BEACH FL 32961 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>DAVIS, Joe<br>5729 Deer Run Dr 3-E<br>Ft Pierce, Fl 34951 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>~~BUTKOWSKI, ALEX~~<br>5701 DEER RUN DR<br>FT PIERCE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BURKOSKI, AL ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HERN, DEXTER<br>5749 DEER RUN DRIVE<br>FT PIERCE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CARPENTER, P<br>5781 DEER RUN DR<br>FT PIERCE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>NOVAK-VERA<br>5201 Deer Run Dr 4-A<br>Ft Pierce, Fl 34951 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARLUP, MERLE<br>5745 DEERRUN DR<br>FT PIERCE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>McCAAN, Jim<br>5231 Deer Run Dr 2-N<br>Ft. Pierce, Fl 34951 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** SIGNATURE REQUIRED _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR