

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760745

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** GOLDEN LAKES MASTER CORPORATION, INC.

**Current Principal Place of Business:**

1700 GOLDEN LAKES BLVD  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 GOLDEN LAKES BLVD  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 59-2152406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDEN LAKES VILLAGE ASSOC INC  
1500 GOLDEN LAKES BLVD  
WEST PALM BEACH, FL 33411 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: SELMA, KATZ  
Address: 118 LAKE PAULA DR  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD ( ) Delete  
Name: WILKOFISKY, BESS  
Address: 320 LAKE EVELYN  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD ( ) Delete  
Name: MORRIS, ANITA  
Address: 148 LAKE BARBARA  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: WOLCHAN, GLORIA  
Address: 148 LAKE ANNE DR  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: BERMAN, BETTY  
Address: 163 LAKE REBECCA  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: FISHMAN, HAROLD  
Address: 120-118 LAKE MERYL DR  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: ( ) Change ( ) Addition  
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: SELMA KATZ

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date