

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

0025775

DOCUMENT # 763365

1. Entity Name

GOLDENROD-VILLAS CONDOMINIUM ASSOCIATION, INC.

02-19-2001 90056 036 *****61.25

Principal Place of Business

C/O DON ASHER & ASSOCIATES
52 EAST SOUTH STREET
ORLANDO FL 32801

Mailing Address

C/O DON ASHER & ASSOCIATES
52 EAST SOUTH STREET
ORLANDO FL 32801

40 FLARENT INC

2. Principal Place of Business

40 FLARENT INC.

3. Mailing Address

274 Wilshire Blvd

Suite, Apt. #, etc.

STE 282

Suite, Apt. #, etc.

STE 282

City & State

Casselberry FL

City & State

Casselberry FL

Zip

32707

Country

USA

Zip

32707

Country

USA

4. FEI Number

59-2214618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES, INC.
52 E SOUTH STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **FLARENT INC.**

Street Address (P.O. Box Number is Not Acceptable)
274 WILSHIRE BLVD STE 282

City

Casselberry

FL

Zip Code

32707

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)

GEORGEY HALL LEAM

2/15/01
 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** ☒ Delete
 NAME **PAUGH, ROBERT**
 STREET ADDRESS **598 LAKE HOWELL**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **VD** ☐ Delete
 NAME **D'ALLESSANDRIS, TICK**
 STREET ADDRESS **7796 COUNTRY PLACE**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **TD** ☐ Delete
 NAME **CURRAN, MAUREEN**
 STREET ADDRESS **7763 COUNTRY PLACE**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ Delete
 NAME **D'ALLESSANDRIS, TELMO**
 STREET ADDRESS **7796 COUNTRY PLACE**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **VD** ☒ Delete
 NAME **SIMMONS, MARK**
 STREET ADDRESS **7707 COUNTRY PLACE**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ Delete
 NAME **BURKE, KATHY**
 STREET ADDRESS **7747 COUNTRY PLACE**
 CITY-ST-ZIP **WINTER PARK FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
 NAME **Don Smith**
 STREET ADDRESS **7706 Country Place**
 CITY-ST-ZIP **Winter Park FL 32792**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP, D** ☐ Change ☒ Addition
 NAME **John Morales**
 STREET ADDRESS **7708 Country Place**
 CITY-ST-ZIP **Winter Park FL 32792**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

407-339-5797

Date

Daytime Phone #

CR2E037 (10/00)