

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90056 012 ****61.25

DOCUMENT # 763365

1. Entity Name

GOLDENROD VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O FLARENT INC
 STE 282
 CASSELBERRY FL 32707**

**C/O FLARENT INC
 274 WILSHIRE BLVD STE 282
 CASSELBERRY FL 32707**

007059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2214618

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLARENT INC.
 274 WILSHIRE BLVD., STE 282
 CASSELBERRY FL 32707**

Name

Street Address (P.O. Box Number is Not Acceptable)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DON	
STREET ADDRESS	7706 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	D'ALESSANDRIS, TIK	
STREET ADDRESS	7796 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CURRAN, MAUREEN	
STREET ADDRESS	7763 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	D'ALESSANDRIS, TELMO	
STREET ADDRESS	7796 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORALAS, JOHN	
STREET ADDRESS	7708 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, KATHY	
STREET ADDRESS	7747 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GARVIN	
STREET ADDRESS	7700 COUNTRY PL	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESI FAGOT VARGAS	
STREET ADDRESS	7787 Country PL	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY WILSON	
STREET ADDRESS	7703 Country PL	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

John Morales
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 (417) 894-4471
 Date Daytime Phone #

CR2E037 (9/01)