

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90202 046 ****61.25

DOCUMENT # 763365

1. Entity Name

GOLDENROD VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2214618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARVIN, JOHN	
STREET ADDRESS	7700 COUNTRY PL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VARGAS, DESI FAGOT	
STREET ADDRESS	7787 COUNTRY PL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, TERRY	
STREET ADDRESS	7703 COUNTRY PL	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORALAS, JOHN	
STREET ADDRESS	7708 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURKE, KATHY	
STREET ADDRESS	7747 COUNTRY PLACE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curran, Maureen	
STREET ADDRESS	7763 Country Place	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vargas, Desi Fagot	
STREET ADDRESS	7787 Country Place	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Terry	
STREET ADDRESS	7703 Country Place	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rish, Crystal	
STREET ADDRESS	7704 Country Place	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santiago, Jose	
STREET ADDRESS	7724 Country Place	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Owen, Christopher	
STREET ADDRESS	7765 Country Place	
CITY-ST-ZIP	Winter Park, FL 32792	

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:

Maureen Curran 5/15/03

CR2E037 (10/02)