

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # 769015

1. Entity Name

GOLDEN ISLES LAKES CONDOMINIUM, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-08-2000 90191 001 ****61.25

Principal Place of Business Mailing Address
1900 DIANA DRIVE 1900 DIANA DRIVE
HALLANDALE FL 33009 HALLANDALE FL 33009-4715

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HALLANDALE BEACH, FL

City & State
HALLANDALE BEACH, FL

4. FEI Number

59-2702934

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

YEWCHYN, ROMAN
1900 DIANA DR APT 3A
HALLANDALE FL 33009

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	GLASSBURN, ERIC	
STREET ADDRESS	1900 DIANA DR APT B1	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YEWCHYN, ROMAN	
STREET ADDRESS	1900 DIANA DR APT 3A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRANCESHINI, MARIA S.	
STREET ADDRESS	1900 DIANA DRIVE APT 1-A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TO BE DETERMINED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, SCOTT	
STREET ADDRESS	1900 DIANA DR APT 2-E	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA S. FRANCESCHINI	
STREET ADDRESS	1900 DIANA DR APT 1-A	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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)(f), 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: Roman Yewchyn ROMAN YEWCHYN

APRIL 26, 2000

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/99)