## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000005484

FILED Jul 06, 2009 Secretary of State

Entity Name: GOLDEN LAKES CONDOMINIUM ASSOCIATION, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
73 GOLD	DEN ISLE	
t301 HALLAND	ALE, FL 33009	
Current M	lailing Address:	New Mailing Address:
73 GOLD	DEN ISLE	
t301 HALLAND	ALE, FL 33009	
	: 65-1131652 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) t receive the prior notice.
lame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
AGAN, PINI 73 GOLDEN ISLE #402 IALLANDALE, FL 33009 US		ROBERTO, FERNANDEZ 473 GOLDEN ISLE #402 HALLANDALE, FL 33009 US
	e named entity submits this statement for the p e of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: ROBERTO FERNANDEZ	07/06/2009
	Electronic Signature of Registered Age	nt Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: ame: ddress: ity-St-Zip:	VD ( ) Delete TENENBAUM, ROSE 473 GOLDEN ISLES #402 HALLANDALE, FL 33009	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: ddress: ity-St-Zip:	D ( ) Delete FLETCHER, JACQUELINE 473 GOLDEN ISLES DRIVE, #201 HALLANDALE, FL 33009	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: ddress: ity-St-Zip:	TD ( ) Delete PINTEL, ALEXANDER 473 GOLDEN ISLES DR, # 301 HALLANDALE, FL 33009	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
	D ( ) Delete THECKSTON, JAMES	Title: ( ) Change ( ) Addition Name: Address:
ame: ddress:	473 GOLDEN ISLES DR. #202 HALLANDALE, FL 33009	City-St-Zip:
itle: lame: ddress: iity-St-Zip: itle: lame: ddress:	HALLANDALE, FL 33009 PD ( ) Delete DAGAN, PINI	City-St-Zip:  Title: D (X) Change ( ) Addition  Name: DAGAN, PINI
ame: ddress: :ity-St-Zip: itle:	HALLANDALE, FL 33009 PD ( ) Delete	City-St-Zip:  Title: D (X) Change ( ) Addition  Name: DAGAN, PINI

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: ROBERTO FERNANDEZ PD 07/06/2009