

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005484

FILED
May 11, 2012
Secretary of State

Entity Name: GOLDEN LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

473 GOLDEN ISLES DRIVE
#201
HALLANDALE, FL 33009

Current Mailing Address:

473 GOLDEN ISLES DRIVE
#201
HALLANDALE, FL 33009

FEI Number: 65-1131652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

473 GOLDEN ISLES DRIVE
MAIN MAILBOX
HALLANDALE, FL 33009

New Mailing Address:

473 GOLDEN ISLES DRIVE
MAIN MAILBOX
HALLANDALE, FL 33009

Name and Address of Current Registered Agent:

FLETCHER, JACQUELINE
473 GOLDEN ISLES DRIVE
#201
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

CHECKSTON, JAMES
473 GOLDEN ISLES DRIVE
202
HALLANDALE, FL 33009 US

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: JAMES CHECKSTON

05/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: CHECKSTON, JAMES
Address: 473 GOLDEN ISLES DRIVE, #202
City-St-Zip: HALLANDALE, FL 33009

Title: VPD
Name: FERNANDEZ, ROBERTO
Address: 473 GOLDEN ISLES DRIVE, #302
City-St-Zip: HALLANDALE, FL 33009

Title: SD
Name: FERNANDEZ, RACHEL
Address: 473 GOLDEN ISLES DRIVE, #302
City-St-Zip: HALLANDALE, FL 33009

Title: D
Name: PINCHAS, DAGAN
Address: 473 GOLDEN ISLES DRIVE, #402
City-St-Zip: HALLANDALE, FL 33009

Title: D
Name: PINTEL, ALEXANDER
Address: 473 GOLDEN ISLES DRIVE, #301
City-St-Zip: HALLANDALE, FL 33009

Title: D
Name: TANENBAUM, ROSE
Address: 473 GOLDEN ISLES DRIVE, #402
City-St-Zip: HALLANDALE, FL 33009

I hereby 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 all other like empowered.

SIGNATURE: JAMES CHECKSTON

PTD

05/11/2012

Electronic Signature of Signing Officer or Director

Date