## 2006 NOT-FOR-PROFIT CORPORATION

NATURE AND TYPED OR PRINTED NAME OF SIGNING O

## **FILED** Mar 24, 2006 8:00 am Secretary of State

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DOCUMENT # N01905 03-24-2006 90015 041 \*\*\*\*61.25 1. Entity Name GOLF LAKES RESIDENTS' ASSOCIATION, INC. Principal Place of Business Mailing Address 40037534 **GOLF LAKES RECREATIONAL HALL GOLF LAKES RECREATIONAL HALL 5050 FIFTH STREET EAST 5050 FIFTH STREET EAST** BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number 59-2785849 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABEL, BAWD, RUSSELL, COLLIER, PITCHFORD&GORDON 240 S. PINEAPPLE AVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME WOLFRUM, CARL NAME 4908 6TH B ST. E. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-ZIP Addition MILE ☐ Delete TITLE ☐ Change JAHNKE, BARBARA K NAME NAME STREET ADDRESS 702 49TH D AVE DR. E. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BAUMAN, JOHN M NAME NAME STREET ADDRESS 4904 2ND A STREET E. STREET ADDRESS BRADENTON: FL- 34203-CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HABEGGER, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 703 49TH A AVE DR E BRADENTON, FL 34203 CITY - ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe ☐ Delete TITI F TITLE NAME ELLER, PHILLIP NAME 5010 6TH ST E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE APPELGREN, ROBERT L NAME NAME 4906 3RD B STREET E. STREET ADDRESS STREET AODRESS CITY-ST-7IP BRADENTON, FL 34203 CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attagriment with an address, with all other like empowered. SIGNATURE:

CER OR DIRECTOR

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N01905 1. Entity Name GOLF LAKES RESIDENTS' ASSOCIATION, INC. ATTACHMENT Principal Place of Business Mailing Address **GOLF LAKES RECREATIONAL HALL GOLF LAKES RECREATIONAL HALL** 5050 FIFTH STREET EAST 5050 FIFTH STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Numbe Applied For 59-2785849 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABEL, BAWD, RUSSELL, COLLIER, PITCHFORD&GORDON 240 S. PINEAPPLE AVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zip Code FI 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. DATE . (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be . .[ Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Detete TITLE ۷P Change Addition WOLFRUM, CARL NAME NAME Jane Parks 803 49th C Ave. E. Fr. 34203 4908 6TH B ST. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP ппе Delete TITLE Change Addition JAHNKE, BARBARA K NAME NAME Donna Saunders STREET ADDRESS 702 49TH D AVE DR. E. STREET ADDRESS 4903 4 B Street E. CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZE Bradenton, FL 34203 TITLE ☐ Delete TITLE ☐ Change Addition Addition BAUMAN, JOHN M NAME NAME Warren Jorena STREET ADDRESS 4904 2ND A STREET E. STREET ADDRESS 805 49th Avenue E. CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP Bradenton, FL 34203 TITLE Addition ☐ Delete TITLE ☐ Change HABEGGER, CHARLES NAME NAME Raymond Begin STREET ADDRESS **703 49TH A AVE DR E** STREET ADDRESS 4920 3 A Street E. CITY-ST-7IP BRADENTON, FL 34203 CITY-ST-ZIP Bradenton, FL 34203 TITLE ☐ Detete TITLE ☐ Change Addition Ronald Kuhn 4908 3 A Street E. **ELLER, PHILLIP** NAME STREET ADDRESS 5010 6TH ST F STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP Bradenton, FL34203 TITLE Delete TITLE ☐ Change ☐ Addition APPELGREN, ROBERT L NAME NAME 4906 3RD B STREET E. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIG R OR DIRECTOR