

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05269**

1. Entity Name

GOLDEN RAIN TREE VI HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90056 018 *****61.25

0001798

Principal Place of Business

C/O UNITED REALTY
3300 UNIV. DRIVE #405
CORAL SPRINGS FL 33065

Mailing Address

C/O UNITED REALTY
3300 UNIV. DRIVE #405
CORAL SPRINGS FL 33065

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

59-2464392

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

UNITED COMM MGT CORP
3300 UNIV DRIVE #405
CORAL SPRINGS FL 33065

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.

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

TITLE **VD** ☐ Delete
NAME **PAOLINI, DAVID**
STREET ADDRESS **3685 CARAMBOLA CIRCLE N**
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE **PD** ☐ Delete
NAME **LEMELBAUM, LARRY**
STREET ADDRESS **3809 CARAMBOLA CIRCLE NORTH**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE **SD** ☐ Delete
NAME **RILEY, FAY**
STREET ADDRESS **3687 CARAMBOLA CIRCLE N**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE **D** ☐ Delete
NAME **LIPPMAN, SANDRA**
STREET ADDRESS **3735 CARAMBOLA CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE **D** ☐ Delete
NAME **FRIED, ELAINE**
STREET ADDRESS **3745 CARAMBOLA CIR N**
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

C0045724

DO NOT WRITE IN THIS SPACE