

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90043 032 \*\*\*\*61.25

**DOCUMENT # N15385**

1. Corporation Name

**GOLDENROD PLAZA OFFICE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

% PAMELA M. ROBB  
1311 S. VINELAND RD., STE. A  
WINTER GARDEN FL 34787  
US

% PAMELA M. ROBB  
1311 S. VINELAND RD., STE. A  
WINTER GARDEN FL 34787  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/12/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

58-2007236

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBB, PAMELA M.  
1311 S. VINELAND ROAD  
SUITE A  
WINTER GARDEN FL 34787

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

NAME POLASEK, JOHN C. (ASST)

STREET ADDRESS 59 INTERLAKEN RD.

CITY-ST-ZIP ORLANDO FL

TITLE VST ☐ DELETE

NAME POLASEK, ANN E.

STREET ADDRESS 59 INTERLAKEN RD.

CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME MANN, DAVID J.

STREET ADDRESS 4063 GOLDENROD BLVD., #6

CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME POLASEK, ANN E.

STREET ADDRESS 59 INTERLAKEN RD.

CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature required*

*May 6, 99*

*407 293 1934*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0074126

CR2E037 (1/98)