2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90044 036 ****61.25

DOCUMENT # N25332

1. Entity Name

GARDEN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4100 LAZY HAMMOCKS RD PALM BEACH GARDENS FL 33410 US	4100 LAZY HAMMOCKS RD PALM BCH GARDENS FL 33410-6114 US

DO NOT WRITE IN THIS SPACE

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 65-0034881 Applied For / Not Applic.

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, LESTER C/O GARDEN OAKS H.O.A., INC. 4100 LAZY HAMMOCKS ROAD PALM BEACH GARDENS FL 33410	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 LESTER TAYLOR Lester Taylor DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

✓ **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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD CARVER, JEAN 8515 DOVERBROOK ROAD PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, LESTER 4252 ROYAL OAKS DR PALM BEACH GARDENS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRADY, TERENCE 4409 LACEY OAR DRIVE PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD SPIEGEL, NORMAN 8464 BEACONHILL ROAD PALM BEACH GARDENS FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change 2ND. V. P. 8575 WAKEFIELD DRIVE PALM BEACH GDNS, FL 33
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EVANS, DARRELL E 4136 OLD OAK DR PALM BEACH GARDENS FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

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 11 above, or on an attachment with an address, with all other like empowered.*

SIGNATURE: LESTER R TAYLOR JR Lester Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #