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Applied For

\$8.75 Additional

Not Applicable

## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N28345 1. Entity Name 08-31-2001 90005 012 \*\*\*\*61.25 GOLD TREE COMMUNITIES HOMEOWNERS ASSOCIATION, IN Principal Place of Business Mailing Address GOLD TREE H.O.A. GOLD TREE HOA 5707 45TH ST BRADENTON FL 34203 P O BOX 21163 **BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 65-0076184

Zip

Country

Zip

## FILED Aug 31, 2001 8:00 am Secretary of State



5. Certificate of Status Desired

						Fee Hequired								
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
					Name	CEC	EL	1A	BUK	EREL			}	
MAHONEY, KAY						Street Address (P.O. Box Number is Not Acceptable)								
5707 45TH ST E						07 (	45th	St. E	E L	OT #5	0			
LOT #62 Bradent(	ON EL 040	100			City 🗘	1	ENT	<del>-</del> 1		F-1	Zip Code		1	
					• -					FI	L Zip Code	203		
8. The abose	named entit	y submits this statement for	the purpose of changing its	registere	ed office or	r registere	d agent, o	or both, in t	he state of	Florida.				
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	Signature, typed	or printed hame or registered agent at	to the nappicable. (NOTE	Hagistorb	a Agoni oigna.	are raquiled r		· · · · · · · · · · · · · · · · · · ·					1	
			A 51				<b>.</b>	-			ale Bassabla 4			
		/: FEE IS \$61.25	9. Election Carr Trust Fund C		•		<b>\$5.00</b> M Added to F		ı,		ck Payable 1		1	
After Septe	ember 12,	2001, min. will be \$23	36.25	on in iou	011,	_ ,	A0060 10 1	003		Deparun	ent of State			
10.		OFFICERS AND DIR	ECTORS	11.		A	DDITIONS	/CHANGE	S TO OFFI	CERS AND D	IRECTORS IN	10	1	
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<ol><li>12. I hereby of indicated</li></ol>	certify that the	ne information supplied with ort or supplemental report is	this filing does not qualify for true and accurate and that r wered to execute this report	r the exe ny signa	mption sta ture shall f	ated in Sec have the s	ame legal	effect as i	nua Statute f made und	es, i further of er oath; that	ertily triat trie ir I am an officer	or director		
of the cor	poration or t	the receiver or trustee empo	wered to execute this report with all other like empowered	as requ	red by Ch	apter 617,	, Florida Si	tatutes; an	d that my n	ame appears	s in Block 10 or	Block 11 if		
changed,	, or on an an				Ln	Q/ ·	1.		-/	/				
CICNIAT	HDE.	TSIGNATO	ike Reduk	RES	Tred 1	Sus	щр		8/22/	01				