

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45025 (6)**
1. Corporation Name
GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1599 TROPICAL COURT TAVARES FL 32778 **PO BOX 325 TAVARES FL 32778**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **1599 TROPICAL CT.**
22 City & State 27 Suite, Apt. #, etc.
23 **TAVARES FL**
24 Zip 25 Country 29 **32778** 30 **U.S.A.**

APPROVED AND FILED
95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1991** 3a. Date of Last Report **08/10/1994**
4. FEI Number **59-3135059** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILEN, WILLIAM
27228 RAVENSBROOK RD.
WESLEY CHAPEL FL 33544**

10. Name and Address of New Registered Agent
81 Name **SWAIN, JAMES**
82 Street Address (P.O. Box Number is Not Acceptable) **1599 TROPICAL CT.**
83
84 City **TAVARES FL** 85 Zip Code **32778**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the Secretary of State, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **JAMES SWAIN, PRESIDENT** **APRIL 21, 1995**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **WILENNE, WILLIAM**
STREET ADDRESS **27228 RAVENSBROOK RD.**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **D**
NAME **GILLATT, ARTHUR**
STREET ADDRESS **9775 BAY VISTA ESTATES BLVD.**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **D**
NAME **PORTER, CAROLE**
STREET ADDRESS **2135 TODD RD.**
CITY-ST-ZIP **GROVELAND FL 34738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P D** Change Addition
1.2 NAME **SWAIN, JAMES**
1.3 STREET ADDRESS **1599 TROPICAL CT.**
1.4 CITY-ST-ZIP **TAVARES, FL 32778**

2.1 TITLE **D** Change Addition
2.2 NAME **STEWART, IAN**
2.3 STREET ADDRESS **29 ALBANY ROAD, WEST FERRY**
2.4 CITY-ST-ZIP **DUNDEE, DD5 1NW, U.K.**

3.1 TITLE **S D** Change Addition
3.2 NAME **PORTER, CAROLE**
3.3 STREET ADDRESS **SAME AS BEFORE**
3.4 CITY-ST-ZIP

4.1 TITLE **D** Change Addition
4.2 NAME **RICHARDSON, GRAHAM**
4.3 STREET ADDRESS **30 MILLSTONE CLOSE HARTLEPOOL**
4.4 CITY-ST-ZIP **CLEVELAND, TS26 0PX, U.K.**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *[Signature]* **JAMES SWAIN, PRESIDENT/DIRECTOR** **APRIL 21, 1995** (904) 343-2500
(NOTE: Signature and typed or printed name of signing officer or director)