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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

(6)

Mailing Address

GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.

% BECKER & POLIAKOFF, P.A. % BECKER & POLIAKOFF, P.A. 500 WINDERLEY PLACE, SUITE 104 500 WINDERLEY PLACE, SUITE 104 MAITLAND FL 32751-7406 MATTLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1996 09/06/1991 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3135059 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zip Florida Statutes Yes No 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHRISTENSEN, ESQ., C. JOHN 82 Street Address (P.O. Box Number is Not Acceptable) **BECKER & POLIAKOFF, P.A.** 83 500 WINDERLEY PLACE, SUITE 104 MAITLAND FL 32751 84 City Zip Code 85 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 amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Chrone JOKN BAZDAZH n reinflating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 'ure, typed or printed name of registered agent and title if (96/6) (96/6) OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change Addition 1.1 TITLE TITLE **BOWLER, SUSAN** 1.2 NAME NAME 22 BENTS DRIVE 1.8 STREET ADDRESS STREET ADDRESS SHEFFIELD, ENGLAND 1.4 CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE 2.1 TITLE Change TITLE BARNARD, JOAN AME NAME HILL HOUSE BESTMORPE REET ADDRESS 2.3 STREET ADDRESS ATTLEBROUGH, NORFOLK TY-ST-ZIP CITY - ST - ZIP ___ Addition DELETE 3.1 ١F Change DVP TITLE BARNARD, JOAN NAME HILL HOUSE BESTMORPE IEET ADDRESS STREET ADDRESS ATTLEBROUGH, NORFOLK Y-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE DT ARMITT, ROY NAME 2 WOODSIDE GARDEN ET ADORESS STREET ADDRESS BASING STOCKE HANTS ENGLAND - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5. TITLE NAME EET ADORESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP DELETE 6.1 Change ___ Addition LE TITLE 6.2 ME NAME 6.9 REET ADDRESS STREET ADDRESS

6.4 CTY-ST-ZIP

14. I do 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.

BOUNDED , ISTUBANT DEARNARD