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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N45025**

1. Corporation Name

GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% BECKER & POLIAKOFF, P.A.
 500 WINDERLEY PLACE, SUITE 104
 MAITLAND FL 32751

Mailing Address

% BECKER & POLIAKOFF, P.A.
 500 WINDERLEY PLACE, SUITE 104
 MAITLAND FL 32751



2. Principal Place of Business

21 **PARENT MANAGEMENT CO.**

2a. Mailing Address

26 **PARENT MANAGEMENT CO.**

3. Date Incorporated or Qualified

09/06/1991

Suite, Apt. #, etc.

22 **1316 SUMTER ST.**

Suite, Apt. #, etc.

27 **1316 SUMTER ST.**

4. FEI Number

59-3135059

Applied For

Not Applicable

City & State

23 **LEESBURG FLORIDA**

City & State

28 **LEESBURG FLORIDA.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 **34749**

Country

25 **USA**

Zip

29 **34749**

Country

30 **USA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CHRISTENSEN, ESQ., C. JOHN
BECKER & POLIAKOFF, P.A.
500 WINDERLEY PLACE, SUITE 104
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name **BARBARA MAGALSKI, PARENT MANAGEMENT**
 82 Street Address (P.O. Box Number is Not Acceptable) **CO.**
1316 SUMTER ST.
 83
 84 City **LEESBURG** FL 85 Zip Code **34749**

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

2/1/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUKES, LEONARD	
STREET ADDRESS	13 DALHOUSIE PLACE	
CITY-ST-ZIP	ARBROATH SC	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BARNARD, JOAN	
STREET ADDRESS	HILL HOUSE BESTMORPE	
CITY-ST-ZIP	ATTLEBROUGH, NORFOLK	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BARNARD, JOAN	
STREET ADDRESS	HILL HOUSE BESTMORPE	
CITY-ST-ZIP	ATTLEBROUGH, NORFOLK	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ARMITT, ROY	
STREET ADDRESS	2 WOODSIDE GARDEN	
CITY-ST-ZIP	BASING STOCKE HANTS ENGLAND	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIRCH, IAN	
STREET ADDRESS	26 FAIRVILLE ROAD	
CITY-ST-ZIP	FAIRFIELD ST ENGLA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BIRCH IAN	
1.3 STREET ADDRESS	26 FAIRVILLE ROAD	
1.4 CITY-ST-ZIP	STOKTON-ON-TEES TS9 7NA ENGLAND	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CROSS LINDA	
2.3 STREET ADDRESS	18 STANSTEAD ROAD	
2.4 CITY-ST-ZIP	HODDESDON ENII - ORK - ENGLAND	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **J. BARNARD, REQUIRE (BARNARD) 1ST FEB 99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)