

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90040 011 \*\*\*150.00

**DOCUMENT # N45025**

1. Entity Name

**GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**WEAN & MALCHOW PA  
 1305 E ROBINSON ST STE A  
 ORLANDO FL 32801**

**WEAN & MALCHOW PA  
 1305 E ROBINSON ST STE A  
 ORLANDO FL 32801-2117**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3135059**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**WEAN & MALCHOW PA  
 PAUL L WEAN  
 1305 E ROBINSON ST STE A  
 ORLANDO FL 32801**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD	<input type="checkbox"/> Delete
NAME	DUKES, LEONARD	
STREET ADDRESS	13 DALHOUSIE PLACE	
CITY-ST-ZIP	ARBROATH SC	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BARNARD, JOAN	
STREET ADDRESS	HILL HOUSE BESTMORPE	
CITY-ST-ZIP	ATTLEBROUGH, NORFOLK	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSS, LINDA	
STREET ADDRESS	18 STANSTEAD ROAD	
CITY-ST-ZIP	HODDESDON ENG EN	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ARMITT, ROY	
STREET ADDRESS	2 WOODSIDE GARDEN	
CITY-ST-ZIP	BASING STOCKE HANTS ENGLAND	
TITLE	D	<input 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	1 LONGBRIDGE ROAD, BRAMLI	
CITY-ST-ZIP	BASINGSTOKE, HANTS RG 26 SAN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: \_\_\_\_\_**

**SIGNATURE REQUIRED**

**22-1-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #