1. Entity Name

GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.

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

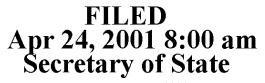
Principal Place of Business

DOCUMENT # N45025

Mailing Address

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

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		



04-24-2001 90350 047 ****61 25



DO NOT WRITE IN THIS SPACE

00.10, 1.101, 0.10					**.,
City & State		City & State	_ :	4. FEI Number	Applied For
			- '	59-3135059	Not Applicable
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 Register	ed Agent

WEAN & MALCHOW PA PAUL L WEAN

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

ħ

☐ Addition

☐ Addition

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

ORLANDO FL 32801

1305 E ROBINSON ST STE A

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**

37

9. Election Campaign Financing Trust Fund Contribution.

Delete

☐ Delete

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 🔀 Delete PRESIDENT Addition TITLE TITLE JOHN O'LEARY NAME DUKES, LEONARD NAME 433 OAK VIEW DRIVE STREET ADDRESS STREET ADDRESS 13 DALHOUSIE PLACE CITY-ST-ZIP CITY-ST-ZIP TAVARES, FL ARBROATH SC DIRECTOR ☐ Change TITLE D Delete TITLE RAY JONES NAME CROSS, LINDA --NAME " STREET ADDRESS STREET ADDRESS 18 STANSTEAD ROAD CITY-ST-ZIP THVARES, FL 32778 CITY-ST-ZIP HODDESDON ENG EN Addition DIRECTOR Change TITLE ŊΤ Delete TITLE GEORGE BROWN ARMITT, ROY NAME NAME 'DRUMMYGAR' CARMYLLIE STREET ADDRESS STREET ADDRESS 1 LONGBRIDGE ROAD BRAMZE CITY-ST-7IP 2RA SCOTLAND ARBROATH, ANGUS DON CITY-ST-ZIP BASING STOCKE HANTS ENGLAND ☐ Change ☐ Addition TITLE **Delete** TITLE NAME NAME BIRCH, IAN STREET ADDRESS STREET ADDRESS 26 FAIRVILLE ROAD CITY-ST-ZIP CITY-ST-ZIP FAIRFIELD ST ENGLA

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Date

☐ Change

☐ Change