

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45025

1. Entity Name

GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

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

Zip

Country

Zip

Country

4. FEI Number

59-3135059

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

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

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 ☒ Delete
NAME DUKES, LEONARD
STREET ADDRESS 13 DALHOUSIE PLACE
CITY-ST-ZIP ARBROATH SC

TITLE PRESIDENT ☐ Change ☒ Addition
NAME JOHN O'LEARY
STREET ADDRESS 433 OAK VIEW DRIVE
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☐ Delete
NAME CROSS, LINDA
STREET ADDRESS 18 STANSTEAD ROAD
CITY-ST-ZIP HODDESDON ENG EN

TITLE DIRECTOR ☐ Change ☒ Addition
NAME RAY JONES
STREET ADDRESS 1723 TROPICAL CT
CITY-ST-ZIP TAVARES, FL 32778

TITLE DT ☐ Delete
NAME ARMITT, ROY
STREET ADDRESS 1 LONGBRIDGE ROAD BRAMZE
CITY-ST-ZIP BASING STOCKE HANTS ENGLAND

TITLE DIRECTOR ☐ Change ☒ Addition
NAME GEORGE BROWN
STREET ADDRESS 'DRUMMUGAR' CARMYLLIE,
CITY-ST-ZIP ARBROATH, ANGUS DD11 2RA SCOTLAND

TITLE D ☒ Delete
NAME BIRCH, IAN
STREET ADDRESS 26 FAIRVILLE ROAD
CITY-ST-ZIP FAIRFIELD ST ENGLA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☐ Delete
NAME JOHN O'LEARY
STREET ADDRESS 433 OAK VIEW DRIVE
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Delete
NAME RAY JONES
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TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUQUETURELACROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-3-01



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)