

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N45025**

1. Entity Name

**GOLDEN PALMS VILLAS HOMEOWNERS ASSOCIATION, INC.****FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90077 047 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

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

City &amp; 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 32801WEAN & 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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CROSS, LINDA  
STREET ADDRESS 18 STANSTEAD ROAD  
CITY-ST-ZIP HODDESDON ENG EN ☐ DeleteTITLE DT  
NAME ARMITT, ROY  
STREET ADDRESS 1 LONGBRIDGE ROAD BRAMZE  
CITY-ST-ZIP BASINGSTOCKE HANTS. ENGLAND ☐ DeleteTITLE P  
NAME O'LEARY, JOHN  
STREET ADDRESS 433 OAK VIEW DRIVE  
CITY-ST-ZIP TAVARES FL 32778 ☐ DeleteTITLE D  
NAME JONES, RAY  
STREET ADDRESS 1723 TROPICAL COURT  
CITY-ST-ZIP TAVARES FL 32778 ☒ DeleteTITLE D  
NAME BROWN, GEORGE  
STREET ADDRESS 'DRUMMYGAR' CARMYLIE  
CITY-ST-ZIP ARBROATH, ANGUS, SCOTLAND DD11- 2RA ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

420604

Tavares, Florida  
Feb. 25, 2002

Division of Corporations

P. O. Box 1500

Tallahassee, Florida 32302-1500

Gentlemen:

We are returning herewith our 2002 Uniform Business Report,  
Document #N45025 along with our check for \$70.00 covering the \$61.25  
Filing fee plus \$8.75 for a certificate of status. Please mail the certificate of status to:

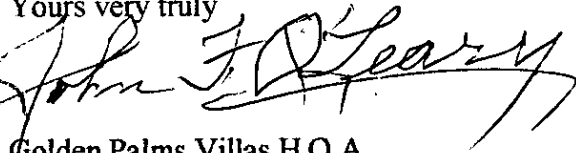
Golden Palms Villas Homeowners Association, Inc

P. O. Box 56

Tavares, Florida 32778.

Thank you for your help.

Yours very truly



Golden Palms Villas H.O.A.

By, John F. O'Leary, President