

AMENDED

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-03-2002 90167 013 *****61.25
FN45025 D

02 SEP -9 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0135488

DOCUMENT # N45025
1. Entity Name Golden Palm Villas Homeowners
Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1942 Golden Palm Circle
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 56
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tavares FL
Zip 32778 Country USA
4. FEI Number 593135059 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Lorraine Stout, Secretary
Street Address (P.O. Box Number is Not Acceptable) 1942 Golden Palm Circle
City Tavares FL Zip Code 32778

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: *X Lorraine Stout*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug 5, 2002
DATE

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE	President (P) (D)	TITLE	
NAME	Wilbert Newhall	NAME	
STREET ADDRESS	1973 Golden Palm Circle	STREET ADDRESS	
CITY-ST-ZIP	Tavares, FL 32778	CITY-ST-ZIP	
TITLE	Secretary (S) (D) (T)	TITLE	
NAME	Lorraine Stout	NAME	
STREET ADDRESS	1942 Golden Palm Circle	STREET ADDRESS	
CITY-ST-ZIP	Tavares, FL 32778	CITY-ST-ZIP	
TITLE	Director (D)	TITLE	
NAME	George Brown	NAME	
STREET ADDRESS	Drummygor Carmyllie Arbroath	STREET ADDRESS	
CITY-ST-ZIP	Angus DD11 2AA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

AB9/9

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X Lorraine Stout*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 5, 2002 352-343-5835
DATE Daytime Phone #