

→ Amended ←

AMENDED

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

DOCUMENT # 1 - *NW5025*
1. Entity Name
Golden Palm Villas Homeowners Association, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 22 AM 8:00

DO NOT WRITE IN THIS SPACE

100023243704
03/22/03--01089--006 **70.00

2. Principal Place of Business
1956 Golden Palm Circle
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

MRS

City & State
Tavares, FL

City & State
Tavares, FL

4. FEI Number
59-3135059

Applied For
Not Applicable

Zip
32778

Country
USA

Zip
32778

Country
USA

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 Lisa M Fabricino
Street Address (P.O. Box Number is Not Acceptable)
1956 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa M Fabricino*

Lisa M Fabricino

9-11-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Pasill 1972 Golden Palm Circle, Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rye Purdy 1734 Tropical Court, Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James Webb 1976 Golden Palm Circle, Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lisa M Fabricino 1956 Golden Palm Circle, Tavares, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carl Stout 1942 Golden Palm Circle, Tavares, FL 32778
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa M Fabricino*

Lisa M Fabricino

9-11-03

352-253-9338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #