

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003561

1. Entity Name

THE GOLDEN SANCTUARY PHASE I HOMEOWNERS ASSOCIAT

Principal Place of Business

8 BARBARA COURT
SATELLITE BEACH FL 32937

Mailing Address

8 BARBARA COURT
SATELLITE BEACH FL 32937

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

59-3450034

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANGONON, PAT L
8 BARBARA COURT
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE NAME ☐ Delete
D MANGONON, VIRGILIO A
STREET ADDRESS 240 BRIGHTON AVENUE
CITY-ST-ZIP STATEN ISLAND NY 10301

TITLE NAME ☐ Delete
D SANTIAGO, EDUARDO L
STREET ADDRESS 719 HIGHWAY 43, BY-PASS N.E., SUITE G
CITY-ST-ZIP RUSSELLVILLE AL 35653

TITLE NAME ☐ Delete
DPST MANGONON, PAT L
STREET ADDRESS 8 BARBARA COURT
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition
D MANGONON, VIRGILIO A.
STREET ADDRESS 101 SERPENTINE DRIVE
CITY-ST-ZIP MORGANVILLE, NJ 07751

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

PAT L. MANGONON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-6-2001

321-777-4934

Date Daytime Phone #

0030087

CR2E037 (10/00)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90058 010 ****61.25

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