

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90218 025 *****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003561

1. Entity Name
THE GOLDEN SANCTUARY PHASE I HOMEOWNERS
ASSOCIATION, INC.



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

5410 CROSSING ROCKS COURT
Suite, Apt. #, etc.

3. Mailing Address

5410 CROSSING ROCKS COURT
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

RIVIERA BEACH, FL

City & State

RIVIERA BEACH, FL

4. FEI Number

59-3450034

Applied For

Not Applicable

Zip

33407

Country

U.S.

Zip

33407

Country

U.S.

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 PAT L. MANGONON

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

5410 CROSSING ROCKS COURT

City RIVIERA BEACH

FL

Zip Code 33407

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

Pat L. Mangonon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME MANGONON, VIRGILIO A
STREET ADDRESS 101 SERPENTINE DR
CITY-ST-ZIP MORGANVILLE, NJ 07761

TITLE D
NAME SANTIAGO, EDUARDO L
STREET ADDRESS 719 HIGHWAY 43, BY-PASS N.E., SUITE G
CITY-ST-ZIP RUSSELLVILLE, AL 36653

TITLE DPST
NAME MANGONON, PAT L
STREET ADDRESS ~~8 BARBARA COURT~~ → change to
CITY-ST-ZIP ~~SATELLITE BEACH, FL 32937~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5410 CROSSING ROCKS COURT
CITY-ST-ZIP RIVIERA BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

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

3/28/03
Date

561-841-9425
Daytime Phone #

CR2E037 (10/02)