

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90073 016 \*\*\*150.00

**DOCUMENT # P97000095725**

1. Corporation Name

**GOLDEN POND ELDER CARE, INC.**



Principal Place of Business

**12425 LAKE RIDGE CIRCLE  
CLERMONT FL 34711**

Mailing Address

**12425 LAKE RIDGE CIRCLE  
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/07/1997**

4. FEI Number

**59-3535216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 13340 W. COLONIAL DR**

2a. Mailing Address

**26 400 LAKEVIEW RD**

Suite, Apt. #, etc.

**22 SUITE #240**

Suite, Apt. #, etc.

**27**

City & State

**23 WINTER GARDEN, FLORIDA**

City & State

**28 WINTER GARDEN, FLORIDA**

Zip

**24 34787**

Country

**25 ORANGE**

Zip

**29 34787**

Country

**30 ORANGE**

9. Name and Address of Current Registered Agent

**WAJNBERG, DAVID  
12425 LAKE RIDGE CIRCLE  
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name

**DAVID WAJNBERG**

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

**245 DIVISION ST.**

83

84 City

**CLERMONT**

**FL**

85 Zip Code

**34711**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*David Wajnberg*

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

(NOTE: Registered Agent signature required when reinstating)

**4/24/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **WAJNBERG, DAVID**  
STREET ADDRESS **12425 LAKE RIDGE CIRCLE**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ DELETE  
NAME **CAMPBELL, THOMAS J**  
STREET ADDRESS **1740 PALMER AVE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**DAVID WAJNBERG, PRESIDENT**

**245 DIVISION STREET**

**CLERMONT, FL. 34711**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David Wajnberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/99**

Date

Daytime Phone #

**407-654-7217**

CR2E034 (11/98)