

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90227 011 ***150.00

DOCUMENT # P98000034029

1. Corporation Name

GOLDEN POND RETIREMENT FACILITIES, INC.



Principal Place of Business

C/O KENT HUFFMAN
204 PHIPPS PLAZA
PALM BEACH FL 33480

Mailing Address

C/O KENT HUFFMAN
204 PHIPPS PLAZA
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

65-0852408

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 C/O HUFFMAN

Suite, Apt. #, etc.

22 223 SUNSET AVENUE

City & State

23 PALM BEACH FL

Zip

24 33480

Country

25 USA

2a. Mailing Address

26 C/O HUFFMAN

Suite, Apt. #, etc.

27 223 SUNSET AVENUE

City & State

28 PALM BEACH, FL

Zip

29 33480

Country

30 USA

9. Name and Address of Current Registered Agent

HUFFMAN, KENT
204 PHIPPS PLAZA
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

KENT HUFFMAN

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

223 SUNSET AVENUE

83

84 City

PALM BEACH

FL

85 Zip Code

33480

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

KENT HUFFMAN

4/7/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HUFFMAN, KENT

STREET ADDRESS 204 PHIPPS PLAZA

CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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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 ☒ Change ☐ Addition

1.2 NAME P/D EARLE L. LANCASTER

1.3 STREET ADDRESS 223 SUNSET AVE

1.4 CITY-ST-ZIP PALM BEACH, FL 33480

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME S/D MIRTA L. CARTA

2.3 STREET ADDRESS C/O HUFFMAN 223 SUNSET AVE

2.4 CITY-ST-ZIP PALM BEACH, FL 33480

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Earle L. Lancaster

Signature and typed or printed name of signing officer or director

4/7/99

Date

833-5833

Daytime Phone #

CR2E034 (11/98)