2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001964

Entity Name: GOLF LAKE HOMEOWNERS' ASSOCIATION, INC.

FILED Mar 17, 2023 **Secretary of State** 1867485248CC

Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762 US

FEI Number: 20-4932937 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLETON REISS, PLLC APPLETON REISS, PLLC 215 N. HOWARD AVE. SUITE 200 TAMPA, FL 33606 US

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: APPLETON REISS, PLLC

03/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title DIRECTOR

Name STROM, DAVID Name DENNISON, ROBERT

C/O CONDOMINIUM ASSOCIATES C/O CONDOMINIUM ASSOCIATES Address Address

3001 EXECUTIVE DR. SUITE 260 3001 EXECUTIVE DR. SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title **DIRECTOR** Title **TREASURER**

Name VANNESS, TIM Name RIDLEY, MARTIN

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. SUITE 260 3001 EXECUTIVE DR. SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR Title **SECRETARY**

DELONG, TARA Name GULLIVER, SHAUGHN Name

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. SUITE 260 3001 EXECUTIVE DR. SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR Title DIRECTOR

Name EVOY. TOM Name LA BIANCA, JACQUELINE

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260

3001 EXECUTIVE DR. SUITE 260

CLEARWATER FL 33762 CLEARWATER FL 33762 City-State-Zip: City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON LENTSCH **PRESIDENT** 03/17/2023

Officer/Director Detail Continued:

Title PRESIDENT Title DIRECTOR

Name LENTSCH, SHARON Name WILSON, ROBERT

Address C/O CONDOMINIUM ASSOCIATES Address C/O CONDOMINIUM ASSOCIATES

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