

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004264

Entity Name: GOLDEN LIFESTYLE DEVELOPMENT CORP.**Current Principal Place of Business:**4982 BRANDED OAKS CT.
TALLAHASSEE, FL 32311**Current Mailing Address:**P.O. BOX 6383
TALLAHASSEE, FL 32314**FEI Number:** 27-2505196**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RUIZ, MIRIAM
4982 BRANDED OAKS CT.
TALLAHASSEE, FL 32311 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	RUIZ, MIRIAM
Address	4982 BRANDED OAKS CT.
City-State-Zip:	TALLAHASSEE FL 32311

Title	T
Name	HIGGINBOTTOM, ANA C
Address	4982 BRANDED OAKS CT.
City-State-Zip:	TALLAHASSEE FL 32311

Title	S
Name	FERNANDEZ, SYLVIA
Address	3116 LOOKOUT TRAIL
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	VELASCO, SANDRA
Address	JDNES DE COUNTRY CLUB CH15
City-State-Zip:	CAROLINA PUERTO RICO OC 00983

Title	OFFICER
Name	DIAZ, MARITZA
Address	414 CHESTNUT ST # 717
City-State-Zip:	SPRINGFIELD MA 01104

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: MIRIAM RUIZ**PRESIDENT****03/31/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date