

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011012

**Entity Name:** GOLDEN OAK DEVELOPMENT, LLC**Current Principal Place of Business:**1390 CELEBRATION BLVD  
FLOOR 3  
CELEBRATION, FL 34747**Current Mailing Address:**500 S BUENA VISTA ST  
BURBANK, CA 91521 US**FEI Number:** 27-0506308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIACALONE, MARGARET C  
1375 BUENA VISTA DRIVE, 4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 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

**Authorized Person(s) Detail :**

Title MANAGER  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title MANAGER  
Name JONES, CHRISTOPHER A  
Address 1375 E BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title MANAGER  
Name BELZER, GREGORY  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title MANAGER  
Name MCGOWAN, JOHN M  
Address 1390 CELEBRATION BLVD  
FLOOR 3  
City-State-Zip: CELEBRATION FL 34747

Title MANAGER  
Name HEADLEY, JONATHAN S  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title MANAGER  
Name POTROCK, KENNETH M  
Address 1390 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title MANAGER  
Name REED, MARSHA L  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

Title MANAGER  
Name SALAMA, MICHAEL  
Address 500 SOUTH BUENA VISTA STREET  
City-State-Zip: BURBANK CA 91521

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHA L REED

MANAGER

04/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	MANAGER
Name	PIERCE, PAGE P
Address	215 CELEBRATION PLACE
City-State-Zip:	CELEBRATION FL 34747