## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011012

Entity Name: GOLDEN OAK DEVELOPMENT, LLC

**Current Principal Place of Business:** 

215 CELEBRATION PLACE 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

FILED Apr 30, 2021

**Secretary of State** 

7973854665CC

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

NameSOLOMON, AARON HNameJONES, CHRISTOPHER AAddress1170 CELEBRATION BLVDAddress1375 E BUENA VISTA DRIVECity-State-Zip:CELEBRATION FL 34747City-State-Zip:LAKE BUENA VISTA FL 32830

Title MANAGER Title MANAGER

NameBELZER, GREGORYNameMCGOWAN, JOHN MAddress500 SOUTH BUENA VISTA STREETAddress1375 E BUENA VISTA DR

City-State-Zip: BURBANK CA 91521 City-State-Zip: LAKE BUENA VISTA FL 32830

Title MANAGER Title MANAGER

Name GOMEZ, CARLOS A Name GAVAZZI, CHAKIRA H

Address 500 SOUTH BUENA VISTA STREET Address 500 SOUTH BUENA VISTA STREET

City-State-Zip: BURBANK CA 91521 City-State-Zip: BURBANK CA 91521

Title MANAGER Title MANAGER

Name SALAMA, MICHAEL Name PIERCE, PAGE P

Address 500 SOUTH BUENA VISTA STREET Address 215 CELEBRATION PLACE City-State-Zip: BURBANK CA 91521 City-State-Zip: CELEBRATION FL 34747

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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: CHAKIRA H GAVAZZI

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title MANAGER Title MANAGER

Name STOWELL, JOHN A Name STEED, SHANNA L

Address 611 NORTH BRAND BLVD Address 500 S BUENA VISTA ST City-State-Zip: GLENDALE CA 91203 City-State-Zip: BURBANK CA 91521

Title MANAGER Title MANAGER

Name SCHULTZ, TERRI A Name YOUNG, LEE R

Address 1390 CELEBRATION BLVD Address 215 CELEBRATION PLACE City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747