

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735308 (9)

1. Corporation Name
GOLDEN WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1345 WEST AVENUE, MIAMI BEACH FL 33139
Mailing Address: 221 S.W. 22ND AVE, 219, MIAMI FL 33135, US

3. Date Incorporated or Qualified: 03/17/1976
3a. Date of Last Report: 02/10/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1746371
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ALVAREZ, NESTOR
3971 S.W. 8 ST. #209
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GALANO, AUGUSTO A.	
STREET ADDRESS	1345 WEST AVE, #1001	
CITY - ST - ZIP	MIAMI BCH., FL 33139	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRAYSON, PAULA	
STREET ADDRESS	1345 WEST AVE. APT#402	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARGOS, BENITA	
STREET ADDRESS	1345 WEST AVE. APT#304	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KROJZE, NORBERTO	
STREET ADDRESS	1345 WEST AVE. APT#803	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALBA, GLADIS	
STREET ADDRESS	1345 WEST AVE. APT#301	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, OCTAVIO	
STREET ADDRESS	1345 WEST AVE. APT. 301	
CITY - ST - ZIP	MIAMI BEACH FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENITA ARGOS	
1.3 STREET ADDRESS	1345 WEST AVE # 304	
1.4 CITY - ST - ZIP	MIAMI BEACH, FLA. 33139	
2.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORINNE KIRKLAND	
2.3 STREET ADDRESS	1345 WEST AVE # 701	
2.4 CITY - ST - ZIP	MIAMI BEACH, FLA. 33139	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AIDA KATZ	
3.3 STREET ADDRESS	1345 WEST AVE # 302	
3.4 CITY - ST - ZIP	MIAMI BEACH, FLA 33139	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAULA GRAYSON	
4.3 STREET ADDRESS	1345 WEST AVE # 402	
4.4 CITY - ST - ZIP	MIAMI BEACH, FLA. 33139	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NORBERTO KROJZL	
5.3 STREET ADDRESS	1345 WEST AVE # 803	
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARY ANN CONKLIN	
6.3 STREET ADDRESS	1345 WEST AVE # 603	
6.4 CITY - ST - ZIP	MIAMI BEACH, FLA. 33139	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Benita Argos* BENITA ARGOS PRESIDENT 2/3/96 (305) 531-6932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)