FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 735308

(9)

GOLDEN WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place	of Business	Mailing Address) 	1913 91811 81913 1983	
1345 WEST AVENUE MIAMI BEACH FL 33139		221 S.W. 22ND AVE 219						
		MIAMI FL 33135-1544 US			3. Date incorporated or Qualified 03/17/1976	3a. Date of L 02/14	ast Report /199 6	
2. Principal Pla	ace of Business	28. Mailing Address 28 295 Fontaine Wear Blvd			4. FEI Number 59-1746371	59-1746371 Not Applicable		
Suite, Apt #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	75 Additional se Required	
City & State		City & State	`	FL	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
Zip	Country	Zipazin	Cou	intry	8. This corporation has liability for in	ntangible tax un	der s. 199.032,	
4	25 9. Name and Address of Curren		30 7	حاب	Florida Statutes 10. Name and Address of New Reg	Yes No		
	9, Name and Address of Curren	it negistered argent		81 Name	(0, Hallo alla Maniera VI Mari Ma	Hararan Marin		
ALVAREZ, NESTOR				82 Street Addre	2 Street Address (P.O. Box Number is Not Acceptable)			
3971 S.W. 8 ST. #209				62 Street Addre	988 (P.O. Box Number is Not Acceptable)			
	ABLES FL 33134			83				
				84 City		FL 85	Zip Code	
11 Pursuant to	o the provisions of Sections 617.050	2 and 617.1508. Florida Statute	s. the a	bove-named corp	oration submits this statement for the p		ing its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig-	of Florida, Such change was a	uthorize	d by the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	t the appointme	nt as registered	
	it tairilliar with, and accept the obligi	ations of, occitor of 11.0000, 110	ioa oia					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				d Agent signature require		DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PT	☐ DELETE	1.1 T			☐ Ch	ange Addition	
NAME	ARGOS, BENITA		1.2 N					
STREET ADDRESS	1345 WEST AVE. #304			TREET ADDRESS			i	
CITY-ST-ZIP	MIAMI BEACH FL VPS	☐ DELETE	2.17	ITY-ST-ZIP		☐ Ch	nange Addition	
TITLE	KIRKLAND, CORINNE	La beccir	2.2 N					
NAME STREET ADDRESS	1345 WEST AVE #701			TREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL			CITY-ST-ZIP				
TITLE	D DESCRIPTION	DELETE 3.13				☐ Ci	nange Addition	
NAME	KATZ, AIDA		3.2 N	/AME				
STREET ADDRESS	1345 WEST AVE #302		3.3 \$	TREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		3.4.	CITY - ST - ZIP				
TITLE	D .	DELETE	4.1 T	ITLE		☐ CI	nange	
NAME	GRAYSON, PAULA		4.2	NAME				
STREET ADDRESS	1345 WEST AVE. #402		4.3 8	STREET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH FL	☐ 65: 575		CITY-ST-ZIP			nange Addition	
TITLE	D MODELLE	☐ DELETE		TITLE			lange L Addition	
NAME	KROVZL, NORBERTO			AME				
STREET ADDRESS	1345 WEST AVE #803 MIAMI BEACH FL		1	STREET ADDRESS				
CITY-SY-ZIP TITLE	D MIAMI DEACH IL	☐ DELETE	_	CITY-ST-ZIP		Ci	hange	
NAME.	CONKLIN, MARY ANN			NAME		 -		
STREET ADDRESS	1345 WEST AVE. #603			STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		•	CITY-ST-ZIP				
14 Ldo barok	au cortify that the information cumplic	ed with this filing does not qualif	v for the	exemption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certif	y that the	
l am an ol	n indicated on this annual report or flicer or director of the corporation o n Block 12 or Block 13 if changed, o	or the receiver or trustee empow	ered to	execute this repor	t my signature shall have the same legant as required by Chapter 617, Florida S	statutes; and the	it my name	