


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735308 (9)
1. Corporation Name
GOLDEN WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1345 WEST AVENUE MIAMI BEACH FL 33139	Mailing Address 275 FONTAINE BLEAU BLVD 200 MIAMI FL 33172 US
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3. Date Incorporated or Qualified 03/17/1976		
4. FEI Number 59-1746371	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	P/D
NAME	ARGOS, BENITA	1.2 NAME	ARGOS, BENITA
STREET ADDRESS	1345 WEST AVE. #304	1.3 STREET ADDRESS	1345 WEST AVE #304
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VPS	2.1 TITLE	D/S
NAME	KIRKLAND, CORINNE	2.2 NAME	LEVINE, SUSAN M.
STREET ADDRESS	1345 WEST AVE #701	2.3 STREET ADDRESS	1345 WEST AVE #604
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D	3.1 TITLE	D
NAME	KATZ, AIDA	3.2 NAME	SAUL LEVINE
STREET ADDRESS	1345 WEST AVE #302	3.3 STREET ADDRESS	1345 WEST AVE. #1003
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach, FL. 33139
TITLE	D	4.1 TITLE	D/P
NAME	GRAYSON, PAULA	4.2 NAME	GRAYSON, PAULA
STREET ADDRESS	1345 WEST AVE. #402	4.3 STREET ADDRESS	1345 WEST AVE #402
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D	5.1 TITLE	D
NAME	KROVZL, NORBERTO	5.2 NAME	Rudolph Martinez
STREET ADDRESS	1345 WEST AVE #803	5.3 STREET ADDRESS	1345 West Ave. # 1004
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	Miami Beach, FL. 33139
TITLE	D	6.1 TITLE	V/P/D
NAME	CONKLIN, MARY ANN	6.2 NAME	ERIC MONTES DE OCA
STREET ADDRESS	1345 WEST AVE. #603	6.3 STREET ADDRESS	1345 West Ave. # 202
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	Miami Beach, FL. 33139

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* BENITA ARGOS 1/19/98 305-672-8564

CR2E037 (10/97)