

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90187 001 \*\*\*\*\*8.75  
 07-10-2002 90187 002 \*\*\*\*\*61.25  
 08-15-2002 90048 014 \*\*\*\*\*61.25

**974537**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 735308**

1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1746371</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, NESTOR**  
**3971 S.W. 8 ST. #209**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD - <input type="checkbox"/> Delete
NAME	KIRKLAND, CORRINE
STREET ADDRESS	1345 WEST AVENUE #701
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	V <input type="checkbox"/> Delete
NAME	BAGDASIAN, JOHN
STREET ADDRESS	1345 WEST AVENUE #PH
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	LEVINE, SUSANA
STREET ADDRESS	1345 WEST AVENUE #604
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	S <input type="checkbox"/> Delete
NAME	MARCHETTI, FRANCISCO
STREET ADDRESS	1345 WEST AVENUE #401
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input type="checkbox"/> Delete
NAME	HADOS, NICHOLUS
STREET ADDRESS	1345 WEST AVENUE #1002
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MONTES DE OCA, ERIC
STREET ADDRESS	1345 WEST AVENUE #202
CITY-ST-ZIP	MIAMI BEACH FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS HADOS
STREET ADDRESS	1345 WEST AVE #1003
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BAGDASIAN
STREET ADDRESS	1345 WEST AVE. PH
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORRINE KIRKLAND
STREET ADDRESS	1345 WEST AVE. # 701
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITA ARGOS
STREET ADDRESS	1345 WEST AVE # 304
CITY-ST-ZIP	MIAMI BEACH FL.
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE CHUPKA
STREET ADDRESS	1345 WEST AVE # 601
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA GRAYSON
STREET ADDRESS	1345 WEST AVE # 402
CITY-ST-ZIP	MIAMI BEACH, FL. 33139

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: **SIGNATURE REQUIRED** **NICHOLAS HADOS, PRES. 7-31-02** **305 532-6009**

CR2E037 (4/02)