


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90018 042 \*\*\*\*61.25

<b>DOCUMENT # 735308</b> 1. Entity Name <b>GOLDEN WEST CONDOMINIUM ASSOCIATION, INC.</b>	
--	---

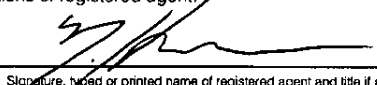
Principal Place of Business <b>1345 WEST AVENUE MIAMI BEACH, FL 33139</b>	Mailing Address <b>275 FONTAINE BLEAU BLVD 200 MIAMI, FL 33172 US</b>
--	--

2. Principal Place of Business	3. Mailing Address	01062004 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>59-1746371</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



6. Name and Address of Current Registered Agent  <b>ALVAREZ, NESTOR 3971 S.W. 8 ST. #209 CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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.

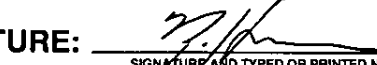
SIGNATURE:  **NICHOLAS HADOS** DATE: **4-28-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HADOS, NICHOLAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADOS, NICHOLAS	NAME	
STREET ADDRESS	1345 WEST AVENUE #1003	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	V-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAGDASIAN, JOHN	NAME	<b>JORGE PELEGRIN</b>
STREET ADDRESS	1345 WEST AVENUE #PH	STREET ADDRESS	<b>1345 WEST AVE # 704</b>
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KIRKLAND, CORRINE</del>	NAME	<b>BARBARA FERNANDEZ</b>
STREET ADDRESS	1345 WEST AVENUE #701	STREET ADDRESS	<b>1345 WEST AVE #703</b>
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGOS, BENITA	NAME	
STREET ADDRESS	1345 WEST AVENUE #304	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUPKA, DALE	NAME	<b>NOBERTO KROJZYL</b>
STREET ADDRESS	1345 WEST AVENUE #601	STREET ADDRESS	<b>1345 WEST AVE # 803</b>
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON, PAULA	NAME	
STREET ADDRESS	1345 WEST AVENUE #402	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	

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 empowered.

SIGNATURE:  **NICHOLAS HADOS** DATE: **4-28-04** DAYTIME PHONE #: **305 531-1575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

~~Attachment~~

44023659 <sup>Doc#</sup> 735308

ADDITIONAL DIRECTORS - 3/22/04

GOLDEN WEST CONDOMINIUM ASSOCIATION, INC

SUSANA LEVINE - DIRECTOR

1345 WEST AVE #604

MIAMI BEACH, FL 33139

JUAN TORRES - DIRECTOR

1345 WEST AVE #501

MIAMI BEACH, FL 33139

\* CORRIE KIRKLAND

1345 WEST AVE #701

MIAMI BEACH, FLA. 33139