

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735308

FILED
Apr 17, 2009
Secretary of State

Entity Name: GOLDEN WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1345 WEST AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

790 WEST 20TH STREET
HIALEAH, FL 33010

Current Mailing Address:

275 FONTAINE BLEAU BLVD
200
MIAMI, FL 33172 US

New Mailing Address:

790 WEST 20TH STREET
2ND FLOOR
HIALEAH, FL 33010

FEI Number: 59-1746371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FOUR POINTS PROPERTY MANAGEMENT
790 WEST 20TH STREET
HIALEAH, FL 33010 US

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.

SIGNATURE: FOUR POINTS PROPERTY MANAGEMENT, INC.

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVINE, SUSANA
Address: 1345 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: RODRIGUEZ, LEONARDO
Address: 1345 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: SIMMONS, CONRAD
Address: 1345 WEST AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: TORRES, JUAN
Address: 1345 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: VENGEL, ELEANOR
Address: 1345 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KIRKLAND, CORINNE
Address: 1345 WEST AVE.
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ARGOS, BENITA
Address: 1345 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: HADOS, NICHOLAS
Address: 1345 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BALIUS, ALICIA
Address: 1345 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANA LEVINE

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date