

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **725933** (6)

1. Corporation Name

**GOLDEN GLADES OFFICE PARK CONDOMINIUM ASSOCIATION SECTION 1, INC.**

Principal Place of Business

Mailing Address

ASSOCIATION SECTION 1, INC.  
520 NW 165 ST. RD., STE 102  
MIAMI FL 33169

ASSOCIATION SECTION 1, INC.  
520 NW 165 ST. RD., STE 102  
MIAMI FL 33169



3. Date Incorporated or Qualified  
**03/28/1973**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**59-1684084**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANZELAS, PAUL  
520 NW 165 ST RD  
#201  
MIAMI FL 33169

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LOCKE, GEORGE  
STREET ADDRESS 500 NW 165TH ST RD #204  
CITY-ST-ZIP MIAMI, FL 00000 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME FRANZELAS, PAUL  
STREET ADDRESS 520 NW 165TH ST RD #201  
CITY-ST-ZIP MIAMI, FL 00000 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME THOMPkins, RONALD  
STREET ADDRESS 520 NW 165 ST RD #205  
CITY-ST-ZIP MIAMI, FL 00000 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME WEISBERG, MAXWELL  
STREET ADDRESS 520 NW 165 ST RD #202  
CITY-ST-ZIP MIAMI FL ☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BATES, DONALD JR  
STREET ADDRESS 520 N.W. 165TH STREET ROAD #104  
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BEDRIN, RONALD  
STREET ADDRESS 520 NW 165TH STREET RD #207  
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 305 999 4695  
Date Daytime Phone #

CR2E037 (12/95)