

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 725933

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



Principal Place of Business
**ASSOCIATION SECTION 1, INC.
520 NW 165 ST. RD., STE 102
MIAMI, FL 33169**

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



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1684084

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
EINBINDER, MARC
520 NW 165TH ST RD #102
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000000439
01/08/04-80009-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #