

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725933

Entity Name: GOLDEN GLADES OFFICE PARK CONDOMINIUM ASSOCIATION
SECTION 1, INC.**FILED**
Apr 12, 2013
Secretary of State
CC5564313501**Current Principal Place of Business:**ASSOCIATION SECTION 1, INC.
520 NW 165 ST. RD., STE 102
MIAMI, FL 33169**Current Mailing Address:**ASSOCIATION SECTION 1, INC.
520 NW 165 ST. RD., STE 102
MIAMI, FL 33169 US**FEI Number: 59-1684084****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EINBINDER, MARC
520 NW 165 ST RD
#102
MIAMI, FL 33169 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name DAVIS, BRAD
Address 520 NW 165TH ST RD., STE 103
City-State-Zip: MIAMI FL 33169**Title** SECRETARY, DIRECTOR
Name THORNE, TIFFANY
Address 520 NW 165TH ST RD., STE 105
City-State-Zip: MIAMI FL 33169**Title** DIRECTOR
Name SCHAFFER, ALVARO
Address C/O N. BETTY GONZALEZ
255 UNIVERSITY DRIVE
City-State-Zip: CORAL GABLES FL 33134**Title** TREASURER, DIRECTOR
Name THOMPkins, RONALD
Address 520 NW 165TH ST RD., STE 205
City-State-Zip: MIAMI FL 33169
Title DIRECTOR
Name FAINCAIG, BERNARDO
Address C/O N. BETTY GONZALEZ
255 UNIVERSITY DRIVE
City-State-Zip: CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MARC EINBINDER**MGR****04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date