**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 14, 2016**
**Secretary of State**
**CC5452163849**

DOCUMENT# 735308

**Entity Name:** GOLDEN WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1345 WEST AVE
MIAMI BEACH, FL 33139

**Current Mailing Address:**

560 LINCOLN ROAD
SUITE 303
MIAMI BEACH, FL 33139 US

**FEI Number: 59-1746371**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGATTA REAL ESTATE MANAGEMENT
C/O REGATTA REAL ESTATE MANAGEMENT
560 LINCOLN ROAD SUITE 303
MIAMI BEACH, FL 33139 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: LOURDES PION 04/14/2016

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | BROOKS, AURA |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|---|---|
| Title | S |
| Name | TORRES, JUAN |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | BAGDASIAN, HOLLY |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KIRKLAND, CORINNE |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|---|---|
| Title | TR |
| Name | ARGOS, BENITA |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|---|---|
| Title | VP |
| Name | GUARINI, KATHRYN |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WICHNER, ZACHARY |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HADOS, NICHOLAS |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |

**Continues on page 2**

*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: HOLLY BAGDASIAN PRESIDENT 04/14/2016

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | SIMMONS, CONRAD |
| Address | 1345 WEST AVE |
| City-State-Zip: | MIAMI BEACH FL 33139 |