

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00921

**Entity Name:** PATIOS WEST ONE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

GOLD PROPERTY MANAGEMENT & ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
MIAMI, FL 33172

**Current Mailing Address:**

GOLD PROPERTY MANAGEMENT & ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
MIAMI, FL 33172 US

**FEI Number:** 59-2359581**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

GOLD PROPERTY MANAGEMENT & ASSOCIATES, INC  
GOLD PROPERTY MANAGEMENT & ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
MIAMI, FL 33172 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:** ALEXIS ACOSTA

04/28/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICEPRESIDENTE  
Name RODRIGUEZ, ELSA  
Address GOLD PROPERTY MANAGEMENT &  
ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

Title TREASURER  
Name ALVAREZ, IDA  
Address GOLD PROPERTY MANAGEMENT &  
ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

Title SECRETARY  
Name LÓPEZ, MARIA LILIANA  
Address GOLD PROPERTY MANAGEMENT &  
ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

Title PRESIDENT  
Name CASTRO-AGUIRRE, CLAUDIA  
PATRICIA  
Address GOLD PROPERTY MANAGEMENT &  
ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name ESTRELLA, JACKIE  
Address GOLD PROPERTY MANAGEMENT &  
ASSOCIATES, INC  
10887 NW 17 STREET SUITE 202  
City-State-Zip: MIAMI FL 33172

*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:** CASTRO-AGUIRRE CLAUDIA

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04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date