

**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: 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

3. Date Incorporated or Qualified: 03/28/1973  
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-1684084  
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: FRANZELAS, PAUL, 520 NW 165 ST RD #201, MIAMI FL 33169

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOCKE, GEORGE	
STREET ADDRESS	500 NW 165TH ST RD #204	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRANZELAS, PAUL	
STREET ADDRESS	520 NW 165TH ST RD #201	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMPkins, RONALD	
STREET ADDRESS	520 NW 165 ST RD #205	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WEISBERG, MAXWELL	
STREET ADDRESS	520 NW 165 ST RD #202	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATES, DONALD JR	
STREET ADDRESS	520 N.W. 165TH STREET ROAD #104	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEDRIN, RONALD	
STREET ADDRESS	520 NW 165TH STREET RD #207	
CITY-ST-ZIP	MIAMI FL 33169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ 2/26/96 305 949 4695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Director  
Date: 2/26/96 Daytime Phone #: 305 949 4695

CR2E037 (12/95)