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**Secretary of State**

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0033772

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 725933

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/28/1973

4. FEI Number

59-1684084

Applied For

- Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D  
 NAME BEDRIN, RONALD  DELETE  
 STREET ADDRESS 520 NW 165TH STREET RD #207  
 CITY-ST-ZIP MIAMI FL 33169

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME EWENDER  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address, with all other like empowered.

SIGNATURE:

*Marc Ewender*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/99

Daytime Phone #

305-949-4695

CR2E037 (1/198)