

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 725933	
1. Entity 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
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01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1684084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANZELAS, PAUL 520 NW 165 ST RD #201 MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOCKE, GEORGE 500 NW 165TH ST RD #204 MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRANZELAS, PAUL 520 NW 165TH ST RD #201 MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMPkins, RONALD 520 NW 165 ST RD #205 MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATES, DONALD JR 520 N.W. 165TH STREET ROAD #104 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EINBINDER, MARC 520 NW 165TH ST RD #102 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

01/08/04-80009-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marc Einbinder* *Marc Einbinder Director 1/6/04 305-944-8689*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #