

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 725933**

1. Entity Name  
**GOLDEN GLADES OFFICE PARK CONDOMINIUM ASSOCIATION SECTION 1, INC.**



Principal Place of Business <b>ASSOCIATION SECTION 1, INC.          520 NW 165 ST. RD., STE 102          MIAMI, FL 33169</b>	Mailing Address <b>ASSOCIATION SECTION 1, INC.          520 NW 165 ST. RD., STE 102          MIAMI, FL 33169</b>
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01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**EINBINDER, MARC  
 520 NW 165 ST RD  
 #102  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and State if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	SD VALLEJO, GEORGE 520 NW 165 ST RD #106 MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**

U00000383984  
 01/13/06-80022-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1-9-2006 (305) 947-1638**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #