

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 725933</b>	
1. Entry 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



01232007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  EINBINDER, MARC 520 NW 165 ST RD #102 MIAMI, FL 33169	
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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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

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01/31/07-80020-016 61.25

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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:**

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

Date

Daytime Phone #

1/27/07 305-9494695