

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**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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01042008 No Chg-NP CR2E037 (4/06)

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOCKE, GEORGE
STREET ADDRESS	500 NW 165TH ST RD #204
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	SD
NAME	FRANZELAS, PAUL
STREET ADDRESS	520 NW 165TH ST RD #201
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	TD
NAME	THOMPkins, RONALD
STREET ADDRESS	520 NW 165 ST RD #205
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	D
NAME	BATES, DONALD JR
STREET ADDRESS	520 N.W. 165TH STREET ROAD #104
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	EINBINDER, MARC
STREET ADDRESS	520 NW 165TH ST RD #102
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	VALLEJO, GEORGE
STREET ADDRESS	520 NW 165 ST RD #106
CITY-ST-ZIP	MIAMI, FL 33169

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 01/11/08-80020-024 61.25

**DO NOT WRITE IN THIS SPACE**

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* **1/7/08** **305-949-4695**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #