

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 731782**

1. Entity Name

GOLDEN GLADES OFFICE PARK CONDOMINIUM ASSOCIATIO*Q*

Principal Place of Business

**560 NW 165 ST RD #311
MIAMI FL 33169**

Mailing Address

**560 NW 165 ST RD #311
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEIN, LINDA
224 S. ISLAND DR
GOLDEN BEACH FL 33160**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, PEGGY	
STREET ADDRESS	224 S. ISLAND DR	
CITY-ST-ZIP	GOLDEN BEACH FL	

No OK

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRAYND, PAUL	
STREET ADDRESS	224 S. ISLAND DR	
CITY-ST-ZIP	GOLDEN BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	STEIN, LINDA	
STREET ADDRESS	224 S. ISLAND DR.	
CITY-ST-ZIP	GOLDEN BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED**FILED
Jul 12, 2001 8:00 am
Secretary of State**

07-12-2001 90114 008 ****61.25

03-20-2001 90037 041 ***150.00

A0076943

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1667965

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

0007694

CR2E037 (5/01)