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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733869 (2)

1. Corporation Name

GOLDEN GLADES OFFICE PARK CONDOMINIUM ASSOCIATION III, INC.



Principal Place of Business

Mailing Address

560 NW 165TH STREET ROAD
SUITE 311
MIAMI FL 33169

560 NW 165TH STREET ROAD
SUITE 311
MIAMI FL 33169-6305

3. Date Incorporated or Qualified
09/19/1975

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0072189

Applied For
Not Applicable

5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution

\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAYND, PAUL
580 NW 165TH ST. RD.
STE. #311
MIAMI FL 33169

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Includes entries for PD FRAYND, PAUL; VD FRAYND, LINDA STEIN; SD FRAYND, SAUL.

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Includes rows 1.1 through 6.4 for additions/changes.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Stein Fraynd, Golden Glades Office Park III, Inc. 2/04/97 (305)940-5046

CR2E037 (9/96)