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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 735308

1. Corporation Name

COLDEN MEST CONDOMINIUM ASSOCIATION INC

GOLDEN	1 ME21 COMPONINION Y22	OCIATION, INC.	•		2 2	37929 - 90035	5-6 9 *	,
Principal Place of Business Mailing Address 1345 WEST AVENUE 275 FONTAINE BLEAU BLVD MIAMI BEACH FL 33139 200 MIAMI FL 33172 US								
<u> </u>	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifer 03/17/1976	<u> </u>		
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		 · • -	4. FEI Number 59-1746371	-	 -	olied For t Applicable
City & State	9	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Red	
Zip	Country 25	Zip 29 30	Country	'	Election Campaign Financing Trust Fund Contribution	, ₀	\$5.00 i Added to	•
2-1	9. Name and Address of Current		7		10. Name and Address of New	Registered	Agent	
ALVAREZ, NESTOR 3971 S.W. 8 ST. #209 CORAL GABLES FL 33134				Street City	Address (P.O. Box Number is Not Accep	otable)	85 Zip C	Code
/ office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was autrons of, Section 617.0503, Florida	onzed by a Statutes	tne corpe i.	corporation submits this statement for th pration's board of directors. I hereby acc	e purpose of ept the appo	f changing its	registered gistered
	Signature, typed or printed name of registered agent		•	nt signature r	equired when reinstating)	DATE	ND DIDECTO	DC 10 42
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO C	TEICERS AI	☐ Change	Addition
TILE	PD	☐ DELETE	1.1 TITLE				- Change	
NAME	ARGOS, BENITA		12 NAME					,
STREET ADDRESS			1.3 STREET ADDRESS		·			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		51D 2 1 5		TT Change	Addition
TITLE	DS DELETE		2.1 ΠΙ.Ε		Ascoli, Raymond f 1345 West Ave.	•	Change	
NAME	LEVINE, SUSAN M		2.2 NAME		Hace Hast Ave.	602		
STREET ADDRESS						ુ~~~વર્ષ	129	
CITY-ST-ZIP	MAIMI BEACH FL 33139		2. 4 CITY-5	ST-ZIP	Mi Ami be Ach,	<u> </u>	Je Chance	Addition
TITLE	D	☐ DELETE	3.1 TILE		GRAYSON, PAULA	•	Change	
NAME	LEVINE, SAUL		3.2 NAME		Charles A	$\mathcal{L}0D\mathcal{I}$	•	

MIAMI BEACH FL 33139 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or suppliemental 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, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DT

VPD

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

1345 WEST AVE, 1003

MIAMI BEACH FL 33139

GRAYSON, PAULA

1345 WEST AVE, 402

MARTINEZ, RUDOLPH

1345 WEST AVE, 1004

MIAMI BEACH FL 33139

MONTES-DEOCA, ERIC

1345 WEST AVE, 202

MIAMI BEACH FL 33139

DELETE

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BAIZOIA John 1345 West Ave.

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KATZ, AIDA

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Secretary of State

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	110101110111111111111111111111111111111
#12	ADDITIONAL DIRECTORS
D	JUAN TORRES
<u> </u>	1345 WEST AVE # 501
	MIAMI BEACH, FL 33139
_D	MARYANN CONKLIN
	1345 WEST AVE # 603 MIAMI BEACH, FL 33139
	MILLIE CIL, I COST
LD	AGUSTIN DEL POZO
	1345 WEST AVE # 904
	MIAMI BEACH, FL 33139
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