2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **735308** Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** GOLDEN WEST CONDOMINIUM ASSOCIATION, INC. 02-10-2000 90018 026 ****61.25 Mailing Address Principal Place of Business 275 FONTAINE BLEAU BLVD 1345 WEST AVENUE MIAMI BEACH FL 33139 200 MIAMI FL 33172-4576 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1746371 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALVAREZ, NESTOR 3971 S.W. 8 ST. #209 CORAL GABLES FL 33134 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. OU ☐ Addition TITLE ☐ Delete TITLE benith Argos 205 Fontainebleau Blud 600 NAME NAME ARGOS, BENITA STREET ADDRESS STREET ADDRESS 1345 WEST AVE. #304 MIAMI EL 33172 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL SIDTERRY BARNHART ☐ Addition ☐ Delete TITLE TITLE DS NAME NAME ASCOLI. RAYMOND F 275 FONTAINED LEAU Blud #200 STREET ADDRESS STREET ADDRESS 1345 WEST AVENUE #602 CITY-ST-ZIP CITY-ST-ZIP MIAMI MAIMI BEACH FL 33139 ☐ Addition Change TITLE TITLE Ð . Delete Paula Larguson 275 Fonta in edleau-is luck -200 NAME NAME GRAYSON, PAULA STREET ADDRESS STREET ADDRESS 1345 WEST AVENUE #402 CITY-ST-ZIP 33142 Mi Awi CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition TITI F ήÞ Delete Alosiad adot NAME NAME BALZOLA, JOHN 175 Fontainebleau Blud \$300 STREET ADDRESS STREET ADDRESS 1345 WEST AVENUE #702 CITY-ST-71P <u> 257147</u> CITY-ST-ZIP i<u>maiM</u> <u>MIAMI BEACH FL 33139</u> Change ☐ Addition TITLE □ Delete isoan ofasdad KATZ, AICLA NAME NAME Bruch +300 On Pldsuiathof are STREET ADDRESS STREET ADDRESS 1345 WEST AVENUE #302 CITY-ST-7IP CITY-ST-ZIP Miami MIAMI BEACH FL 33139 ☐ Addition TITLE **VPD** Delete TITLE victolas Hados NAME NAME MONTES-DEOCA, ERIC 200 4 poly Blud 4 200 STREET ADDRESS STREET ADDRESS 1345 WEST AVE, 202 MIAMI FL 33113 CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139

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: BUCKULLYTE DENITALHAGO

KESIDENT 1

305-672-8564

Daytime Phone #