

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90324 028 ****61.25

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1. Entity Name
**GOLDEN GATE APARTMENTS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**16450 NW SECOND AVE
NORTH MIAMI, FL 33169**

Mailing Address
**400 S.W. 107TH AVE
312
MIAMI, FL 33174**



03292007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0172042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN
5940 S.W. 3RD STREET
MIAMI, FL 33144**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/2007

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REYES, YVETTE
STREET ADDRESS	13640 NE 1 AVE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	SD
NAME	MORALES, DEBORAH
STREET ADDRESS	5575 SW 77 CT
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	RODRIGUEZ, JUAN
STREET ADDRESS	5940 S.W. 3RD STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan Rodriguez 4/12/07 (205) 220-5884
Treasurer