


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N05000001221 1. Entity Name GOLDEN GROVE CONDOMINIUM ASSOCIATION #3, INC.	
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Principal Place of Business 3203 MCDONALD STREET COCONUT GROVE, FL 33133	Mailing Address 3203 MCDONALD STREET COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2468068	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, DARLENE
6861 ORANGE DRIVE
DAVIE, FL 33314

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, TERRANCE 3203 MCDONALD STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GIGLIO, JAMES 3203 MCDONALD STREET COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIVANIK, STEPHANIE 3203 MCDONALD STREET COCONUT GROVE, FL 33133
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04/10/07-80055-016 70.00

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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: James Giglio **JAMES GIGLIO** 3/28/07 305-8035469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #