

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

DOCUMENT# N06000003590

**FILED  
Apr 26, 2007  
Secretary of State**

**Entity Name:** GOLDEN GLADES COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1160 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1160 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33309

**New Mailing Address:**

FEI Number: 20-8921132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENTATA, ARIEL  
1160 E. HALLANDALE BCH BLVD.  
HALLANDALE, FL 33309      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BENTATA, ARIEL  
Address: 1160 E. HALLANDALE BCH BLVD.  
City-St-Zip: HALLANDALE, FL 33309

Title: STD      ( ) Delete  
Name: DOMBEY, CLAUDIO  
Address: 1160 E. HALLANDALE BCH BLVD.  
City-St-Zip: HALLANDALE, FL 33309

Title: D      ( ) Delete  
Name: BENZAQUEN, MOSES  
Address: 1160 E. HALLANDALE BCH BLVD.  
City-St-Zip: HALLANDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIEL BENTATA

PD

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date