FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722216 (9)

1. Corporation Name

GOLDEN ARROW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
299 S.W. 7TH STREET BOCA RATON FL 33432-5948	299 S.W. 7TH STREET BOCA RATON FL 33432-5948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1971

3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-1435426 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMBRIDGE, J.J
4740 S. OCEAN BLVD
SUITE 207
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	TREASURER - D	☐ Change ☒ Addition
NAME	CAMPBELL, MARY	1.2 NAME	SLAVIC, BETSY 206	
STREET ADDRESS	299 SW 6TH ST 203	1.3 STREET ADDRESS	299 S.W. 9TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	2.1 TITLE	VICE PRESIDENT - D	☒ Change ☐ Addition
NAME	FEKETE, BETTY	2.2 NAME	FEKETE, BETTY	
STREET ADDRESS	299 SW 6TH ST 108	2.3 STREET ADDRESS	299 S.W. 6TH ST. 108	
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE	SDT	3.1 TITLE	PRESIDENT D.	☒ Change ☐ Addition
NAME	AMBRIDGE, J.J.	3.2 NAME	AMBRIDGE, J.J.	
STREET ADDRESS	4740 S. OCEAN BLVD	3.3 STREET ADDRESS	4740 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL	3.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	PD	4.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	BAUERSMITH, JAMES R.	4.2 NAME	SUSTIN, SHARON #202	
STREET ADDRESS	299 SW 7TH ST. #202	4.3 STREET ADDRESS	[redacted] 299 S.W. 9TH ST.	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MATUSZAK, ROBERT	5.2 NAME	AFFRUNTI, MARIACA	
STREET ADDRESS	9 LECURST ST	5.3 STREET ADDRESS	299 S.W. 6TH ST. # 110	
CITY-ST-ZIP	JOHNSON CITY NY	5.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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.

SIGNATURE: J.J. AMBRIDGE 4/13/95 407-395-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048604