FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3a. Date of Last Report: 04/20/1995

2. Principal Place of Business	2a. Mailing Address
21 299 S.W. 7TH STREET	26 299 S.W 7TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 BOCA RATON, FL	27 BOCA RATON
City & State	City & State
23	28 FLORIDA
Zip / Country	Zip / Country
24 33432 / 25 PALM BEACH	29 33432 / 30 PALM BEACH

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

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

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

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

81 Name: THOMAS P. MADER
82 Street Address (P.O. Box Number is Not Acceptable): 22081 WILDWOOD CR.
83
84 City: BOCA RATON FL 85 Zip Code: 33433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: THOMAS P. MADER, PRES. Thomas P. Mader 3-30-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	SLAVIC, BETSY		1.2 NAME	LOBB, WILLIAM E.	
STREET ADDRESS	299 SW 9TH ST. #206		1.3 STREET ADDRESS	299 SW 7TH ST. #210 A	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FAKETE, BETTY		2.2 NAME	LEONE, REVEREND JAMES, M.	
STREET ADDRESS	298 SW 6TH ST. 108		2.3 STREET ADDRESS	298 S.W. 6TH ST. #202 B	
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	PD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	AMBRIDGE, J.J.		3.2 NAME	MADER, THOMAS P.	
STREET ADDRESS	4740 S. OCEAN BLVD		3.3 STREET ADDRESS	22081 WILDWOOD CIRCLE #204B	
CITY-ST-ZIP	HIGHLAND BEACH FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	AFFRUNJI, BARBARA		4.2 NAME	BRYNELSEN, EARL H.	
STREET ADDRESS	298 SW 6TH STREET #110		4.3 STREET ADDRESS	298 S.W 6TH ST. #101 B	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	MATUSZAK, ROBERT		5.2 NAME	MATUSZAK, ROBERT	
STREET ADDRESS	9 LECURST ST		5.3 STREET ADDRESS	9 LECURST ST.	
CITY-ST-ZIP	JOHNSON CITY NY		5.4 CITY-ST-ZIP	JOHNSON CITY NY	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Thomas P. Mader THOMAS P. MADER PRES. 3-30-96 (407) 391-3944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #