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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
**299 SW 7TH ST
BOCA RATON FL 33432-5948
US**

Mailing Address
**299 S.W. 7TH STREET
BOCA RATON FL 33432-5911**

3. Date Incorporated or Qualified 12/07/1971	3a. Date of Last Report 04/17/1996
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MADER, THOMAS P.
22081 WILDWOOD CIRCLE
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 Thomas P. Mader 3-21-97
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	NAME LOBB, WILLIAM E.	1.1 TITLE	VPD
STREET ADDRESS 299 SW 7TH ST, #210-A	CITY-ST-ZIP BOCA RATON FL	1.2 NAME	AFFRANTI, JOSEPH
☐ DELETE		1.3 STREET ADDRESS 298 S.W. 6TH ST.	BOCA RATON, FL 33432
TITLE VPD	NAME LEONE, JAMES M. REV.	2.1 TITLE	TD
STREET ADDRESS 298 SW 6TH ST #202-B	CITY-ST-ZIP BOCA RATON, FL 00000	2.2 NAME	LEONE, JAMES M. REV.
☐ DELETE		2.3 STREET ADDRESS 298 S.W. 6TH ST. #202-B	BOCA RATON, FL 33432
TITLE PD	NAME MADER, THOMAS P.	3.1 TITLE	PD
STREET ADDRESS 22081 WILDWOOD CIRCLE, #204-B	CITY-ST-ZIP BOCA RATON FL	3.2 NAME	MADER, THOMAS P.
☐ DELETE		3.3 STREET ADDRESS 22081 WILDWOOD CIRCLE #204-B	BOCA RATON, FL.
TITLE SD	NAME BRYNELSEN, EARL H.	4.1 TITLE	SD
STREET ADDRESS 298 SW 6TH ST #101-B	CITY-ST-ZIP BOCA RATON FL	4.2 NAME	BRYNELSEN, EARL H.
☐ DELETE		4.3 STREET ADDRESS 298 S.W. 6TH ST #101-B	BOCA RATON, FL 33432
TITLE D	NAME MATUSZAK, ROBERT	5.1 TITLE	ASST. TD
STREET ADDRESS 9 LECURST ST	CITY-ST-ZIP JOHNSON CITY NY	5.2 NAME	MARY CAMPBELL
☐ DELETE		5.3 STREET ADDRESS 298 S.W. 6TH ST. #203B	BOCA RATON, FL 33432
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: Thomas P. Mader 3-21-97 5619917944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038899

CR2E037 (9/96)