2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # 722216** 1. Entity Name GOLDEN ARROW CONDOMINIUM ASSOCIATION, INC. 04-21-2000 90155 009 ****61.25 Principal Place of Business Mailing Address 299 S.W. 7TH STREET 299 SW 7TH ST **BOCA RATON FL 33432-5911 BOCA RATON FL 33432-5948** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1435426 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name SMITH KOBERTA Street Address (P.O. Box Number is Not Acceptable) BRYNELSEN, EARL H 298 SW 6TH ST N APT 101-B City **BOCA RATON FL 33432** 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. SIGNATURE DATE d or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD 🛣 Change Addition ☐ Delete TITLE SLAVIC, BETSY NAME NAME SLAVIC, BETSY STREET ADDRESS 298 SW 6 ST #102B STREET ADDRESS 298 5w 6 5T #102B CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FZ. 33432 **BOCA RATON FL 33432** ☐ Change ☐ Addition VPD **X** Delete TITLE TITLE NAME LEONE, JAMES M. REV. NAME STREET ADDRESS STREET ADDRESS 298 SW 6TH ST CITY-ST-ZIP CITY-ST-ZIE BOCA RATON FL 33432 Change ☐ Addition TD Defete TITLE TITLE NAME BRANCAZIO, STEVEN NAME STREET ADDRESS STREET ADDRESS 298 SW 7TH ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** PΠ M Change ☐ Addition Delete TITLE TITLE BRINESON, EARL H. BRYNELSEN, EARL H. NAME NAME STREET ADDRESS 298 SW6 ST #1018 STREET ADORESS 298 SW 6TH ST # CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33432** BOON RATION FZ 33432 **Change** Addition ☐ Delete TITLE NAME SMITH, ROBERTA NAME Smith, Roberta 299 SW 7ST #206A STREET ADDRESS STREET ADDRESS 299 SW 7 ST #206A CITY-ST-ZIP BOCA RATON PL CITY-ST-7IP **BOCA RATON FL 33432** Change 💢 Addition ☐ Delete FERETE, BETTY 2985W 6 ST #108B NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **元 3343**2 BOCK RATON

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

changed, or on an attachment with an address, with all other like empowered.

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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