# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2002 8:00 am**
**Secretary of State**
05-12-2002 90568 049 ****69.00

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B00055502

DO NOT WRITE IN THIS SPACE

DOCUMENT # 722216

1. Entity Name

GOLDEN ARROW CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 299 SW 7TH ST<br>BOCA RATON FL 33432-5948<br>US | 299 S.W. 7TH STREET<br>BOCA RATON FL 33432-5948 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

**6. Name and Address of Current Registered Agent**

BRYNELSEN, ANN
298 SW 6 STREET
#101B
BOCA RATON FL 33432

**7. Name and Address of New Registered Agent**

Name: CRAIG AMIOTT
Street Address (P.O. Box Number is Not Acceptable): 299 SW 7 St
#104
City: BOCA RATON FL Zip Code: 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: Craig A. Amiott T.D. 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SLAVIC, BETSY<br>298 SW 6 ST #102B<br>BOCA RATON FL 33432 | ☒ Delete | TD<br>CRAIG AMIOTT<br>299 SW 7 St<br>Boca Raton, FL 33432 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BOLIVAR, LUIS<br>299 SW 7TH ST<br>BOCA RATON FL 33432-5948 | ☒ Delete | VPD<br>William Brush<br>298 SW 6 ST<br>Boca Raton, FL 33432 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LOCANSOLE, MATTHEW<br>299 SW 7TH ST<br>BOCA RATON FL 33432-5948 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, ROBERTA<br>299 SW 7TH ST<br>BOCA RATON FL 33432-5948 | ☒ Delete | D<br>MICHAEL SPINKA<br>298 SW 6 St<br>Boca Raton, FL 33432 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED A AMIOTT T.D. 4/22/02 561-394-0581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #