

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90076 008 ****61.25

DOCUMENT # 722216

1. Entity 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 33432-5948**

14006000

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

7. Name and Address of New Registered Agent

**RAMOS, ALFONSO
299 SW 7TH ST
104
BOCA RATON FL 33432**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAMOS, ALFONSO ☐ Delete
STREET ADDRESS 299 S.W. 7TH ST.
CITY-ST-ZIP BOCA RATON FL 33432

TITLE TD
NAME CAMPBELL, MARY ☒ Delete
STREET ADDRESS 298 S.W. 6TH STREET
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VPD
NAME SHERK, EARNEST E ☒ Delete
STREET ADDRESS 299 S.W. 7TH STREET
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D
NAME BRYNELSEN, EARL ☒ Delete
STREET ADDRESS 298 S.W. 6TH ST.
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **ALFONSO RAMOS**
STREET ADDRESS **299 SW 7TH ST. #104**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **BRANDON LEVY**
STREET ADDRESS **299 SW 7TH ST. #104**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **ROBERTA SMITH**
STREET ADDRESS **299 SW 7TH ST # 208**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/04 561 4965406

Date

Daytime Phone #