2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT. (AR)

Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # 722216** 1. Entity Name 04-06-2005 90110 044 ****61.25 GOLDEN ARROW CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 299 S.W. 7TH STREET BOCA RATON FL 33432-5948 299 SW 7TH ST **BOCA RATON FL 33432-5948** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1435426 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERALD J. MADER MARY CAMPBELL 299 S.W. 7THST. RAMOS, ALFONSO Street Address (P.O. Box Number is Not Acceptable) 299 SW 77H ST 104 BOCA RATOW, FL32432 BOCA RATON FL 33432 BOLA RATON 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. (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD GERALD J. MADER PRESIDENT & Change Delete TITLE RAMOS, ALFONSO NAME 298 S.W. 6TH STREET 299 SW 7TH ST #109 STREET ADDRESS STREET ADDRESS BOCA PLATON, FL. 33432 BOCA RATON FL 33432 CITY-ST-7IP CITY-ST-7IP VICE PRESIDENT D. TITLE ☐ Delete TITLE Change ☐ Addition LEVY, BRANDON JAMES LEONE 2985, W. 6TUST. NAME NAME 299 SW 7TH ST #104 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** BOCA RATON FL. 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MARY CAMPBELL -298 S.W 6TH ST. BOKARATON, FL 33432 SMITH, ROBERTA-NAME 299 SW 7TH ST #208 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIF CITY-ST-ZIP S D Betsy A. SLAVK SECRETHRY 2985.W. 6TH ST. THIE Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS BOLA BATON, FL. 33432 CITY-ST-ZIP CITY-ST-ZIP ALEXANDRA KUKLINSKI ☐ Delete TITLE ☐ Change ☐ Addition 299 S.W. 7THST. NAME NAME STREET ADDRESS STREET ADDRESS BOLA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P 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.

MARY CAMPBELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #