

# 2007 NOT-FOR-PROFIT CORPORATION, ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90047 024 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MADER, GERALD J  
298 SW 6TH ST  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **GERALD J. MADER**  
Street Address (P.O. Box Number is Not Acceptable)  
**298 S.W. 6TH STREET**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*Gerard J. Mader*

*3/10/07*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	MADER, GERALD J	
STREET ADDRESS	298 SW 6TH ST	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRUSH, WILLIAM	
STREET ADDRESS	298 SW 6TH ST	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, MARY	
STREET ADDRESS	298 SW 6TH ST	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOLIVAR, LUIS F	
STREET ADDRESS	298 SW 6TH ST	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMES, LEONE	
STREET ADDRESS	2985 SW 6TH ST	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARL BAYNELSEN	
STREET ADDRESS	298 S.W. 6TH STREET	
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE	TD/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS RANDY	
STREET ADDRESS	298 S.W. 6TH ST.	
CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/23/07* *561-361-2870*