

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90237 009 \*\*\*\*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

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

**AMIOTT, CRAIG  
299 SW 7 ST  
104  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **ALFONSO RAMOS**

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

**299 S.W. 7TH STREET**

**BOCA RATON**

City

**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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/15/03**

**FILE NOW: FEE IS \$61.25**

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 | NAME               | STREET ADDRESS | CITY-ST-ZIP              | Delete                              |
|-------|--------------------|----------------|--------------------------|-------------------------------------|
| SD    | LOCANSOLE, MATTHEW | 299 SW 7TH ST  | BOCA RATON FL 33432-5948 | <input checked="" type="checkbox"/> |
| TD    | AMIOTT, CRAIG      | 298 SW 7 ST    | BOCA RATON FL 33432      | <input checked="" type="checkbox"/> |
| VPD   | BRUSH, WILLIAM     | 298 SW 7 ST    | BOCA RATON FL 33432      | <input checked="" type="checkbox"/> |
| D     | SPINKA, MICHAEL    | 298 SW 7 ST    | BOCA RATON FL 33432      | <input checked="" type="checkbox"/> |
|       |                    |                |                          | <input type="checkbox"/>            |
|       |                    |                |                          | <input type="checkbox"/>            |

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME            | STREET ADDRESS      | CITY-ST-ZIP                 | Change                              | Addition                 |
|-------|-----------------|---------------------|-----------------------------|-------------------------------------|--------------------------|
| PD    | ALFONSO RAMOS   | 299 S.W. 7TH ST.    | BOCA RATON<br>FLORIDA 33432 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TD    | MARY CAMPBELL   | 298 S.W. 6TH STREET | BOCA RATON<br>FLORIDA 33432 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VPD   | ERNEST E. SHERK | 299 S.W. 7TH STREET | BOCA RATON<br>FLORIDA 33432 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D     | EARL BRYNELSEN  | 298 S.W. 6TH ST.    | BOCA RATON<br>FLORIDA 33432 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |                 |                     |                             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |                 |                     |                             | <input type="checkbox"/>            | <input type="checkbox"/> |

CR2E037 (10/02)

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**

**02/15/03**