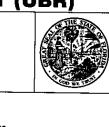
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722216

1. Entity Name

GOLDEN ARROW CONDOMINIUM ASSOCIATION,	INC	ì.
---------------------------------------	-----	----



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

02-24-2003 90237 009 ****61.25

GOLDEN	N ARHOW CONDOMINIUM AS	SOCIATION, INC.						
299 SW 7TH ST 299		Mailing Address 299 S.W. 7TH STREET BOCA RATON FL 33432-594	48			`		
2. Principal	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & St	ate	City & State		- .	4. FEI Number 5	9-1435426	 	Applied For
Zip	Country	Zip	Country	·	5. Certificate of S	tatus Desired	\$9.75	lot Applicable
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Add	dress of New Registe		ea
 _			Name	0 =	_			
amiott 299 SW			Street	Address (I	P.O. Box Number is S.W 7 TH S	Not Acceptable)		
104						IKEE		
BOCA F	RATON FL 33432		City	POCE	+ RATON			
			1 1				FL Zy So	1 ·
8. The above the obligation	e named entity submits this statement fo ations of registered agent.	or the purpose of changing its r	egistered office	or registere	ed agent, or both, in	the State of Florida.	I am familiar with	, and accept
		Ω				<u>^</u>		
SIGNATURE	flying 1	and				02/15	103	
SIGNATURE	Signature typed or perited name of registered agent	and title if applicable. (NOTF:	Registered Agent sign	atura raquirad	ubon reinstati>			
					when reinstalling)		AIE	
	EU E NOW, FEE 10 Act of	9. Election Camp	najan Einanoina		45.44			
	FILE NOW: FEE IS \$61.25	Trust Fund Co			\$5.00 May Be Added to Fees		heck Payable	
		,		_	Added to rees	Fiorida De	partment of	State
10.	OFFICERS AND DI	RECTORS	11.	A	DDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	110
TITLE	SD :	☑ Delete	TITLE	_	ALFONSO R		Change	Addition
NAME	LOCANSOLE, MATTHEW		NAME		99 S.W. 7		(Change	L. Audition
STREET ADDRESS	299 SW 7TH ST		STREET ADDRESS	{	BOCA RATOI	J		
CITY-ST-ZIP	BOCA RATON FL 33432-5948		CITY-ST-ZIP	1	FLORIDA 3	3432		
TITLE	TD	Delete	TITLE	TD.	ARY CAMP	2511	Change	☐ Addition
NAME STREET ADDRESS	AMIOTT, CRAIG		NAME	7 9	18 5.w. 6	isell in street		
CITY-ST-ZIP	298 SW 7 ST BOCA RATON FL 33432		STREET ADDRESS	ا مد	ca Qarnai			
	VPD		CITY-ST-ZIP	F	LONIDA 331	+32		
TITLE NAME	BRUSH, WILLIAM	Delete	TITLE	VPDE	RNEST E	HERK .	Change	☐ Addition
STREET ADDRESS	298 SW 7 ST		NAME STREET ADDRESS		99 S.W 7			
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		BOCA RATON	<u>.</u>		
TITLE	D	□ Delete		- r	LORIDA, 3	3432		
NAME	SPINKA, MICHAEL	₩ Derete	TITLE NAME	DEI	ARL BRYN	ELSEN	Change	Addition
STREET ADDRESS	298 SW 7 ST	i	STREET ADDRESS	3,	18 S.W 6T	·7C		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	Ğ	OCA RATON	- 14 D 2		
TITLE		□ Delete	TITLE	 -}	LORIDA 3	5456		
IAME		□ Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					1
CITY-ST-ZIP			CITY-ST-ZIP					į
ITLE		☐ Delete	TITLE	 				
NAME		□ Delete	111.00	1			☐ Change	☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP