## **12008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

## Feb 05, 2008 8:00 am DOCUMENT # N06000004182 **Secretary of State** 1. Entity Name 02-05-2008 90008 030 \*\*\*\*61.25 GOLDENROD 1 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1820 NEW PALM WAY #401 BOYNTON BEACH FL 33438 1820 NEW PALM WAY #401 **BOYNTON BEACH FL 33438** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number AP-PLIED FOR X Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRACY, J STEPHEN ESQ Street Address (P.O. Box Number is Not Acceptable) 1511 PROSPERITY FARMS RD SUITE 100 LAKE PARK FL 33403 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 Fiorida. 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 ween constituing) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing FILE NOW: FEE 13 50.... Due By May 1, 2008 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE ☐ Delete ☐ Change Addition ROWE, DAVID NAME NAME STREET ADDRESS 1820 NEW PALM WAY #401 STREET ADDRESS **BOYNTON BEACH FL 33438** CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ☐ Addition ROWE, MAY NAME 1820 NEW PALM WAY #401 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33438** CITY- ST-ZIP CITY-ST-ZIP STD TITLE Delete TITLE Change ☐ Addition TRACY, J STEPHEN RAME NAME 1511 PROSPERITY FARMS RD SUITE 100 STREET ADDRESS STREET ADDRESS. LAKE PARK FL 33403 CITY-ST-ZIP CITY-ST-7/P Dalete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZP ☐ Delete Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY-ST-ZIP Delete THILE TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-20P

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ort 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 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 attached in the with an address, with all other like empowered. OZZ DAVID B. ROWE SIGNATURE:

12. I hereby certify that th I hereby certify the indicated on this reprinciple of the components of the componen

of the corporation if changed, or on

n attachpent witi

upplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information