2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N06000004182

Entity Name: GOLDENROD 1 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1820 NEW PALM WAY #401
BOYNTON BEACH, FL 33438

New Principal Place of Business:

1820 NEW PALM WAY #401
BOYNTON BEACH, FL 33435

Current Mailing Address:

1820 NEW PALM WAY #401
BOYNTON BEACH, FL 33438

New Mailing Address:

1820 NEW PALM WAY #401
BOYNTON BEACH, FL 33435

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACY, J STEPHEN ESQ
1511 PROSPERITY FARMS RD SUITE 100
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROWE, DAVID
Address: 1820 NEW PALM WAY #401
City-St-Zip: BOYNTON BEACH, FL 33438

Title: VPD ( ) Delete
Name: ROWE, MAY
Address: 1820 NEW PALM WAY #401
City-St-Zip: BOYNTON BEACH, FL 33438

Title: STD ( ) Delete
Name: TRACY, J STEPHEN
Address: 1511 PROSPERITY FARMS RD SUITE 100
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROWE, DAVID
Address: 1820 NEW PALM WAY #401
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VPD (X) Change ( ) Addition
Name: ROWE, MAY
Address: 1820 NEW PALM WAY #401
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ROWE PD 01/14/2009
Electronic Signature of Signing Officer or Director — Date