#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 722216** 

Entity Name: GOLDEN ARROW CONDOMINIUM ASSOCIATION, INC.

FILED Apr 18, 2019 Secretary of State 0890424570CC

### **Current Principal Place of Business:**

C/O SPECTRYM, INC 1167 HILLSBORO MILE 404 HILLSBORO BEACH, FL 33062

## **Current Mailing Address:**

C/O SPECTRYM, INC PO BOX 970337 COCONUT CREEK, FL 33097 US

FEI Number: 59-1435426 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

SPECTRYM, INC. C/O SPECTRYM, INC PO BOX 970337 COCONUT CREEK, FL 33097 US

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: ANTHONY ANTAPASIS

04/18/2019

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

 Title
 PRESIDENT
 Title
 SECRETARY

 Name
 SWIETORZECKA, JOLANTA
 Name
 HENRY, JOHN

Address C/O SPECTRYM, INC

PO BOX 970337

COCONUT CREEK FL 33097 City-Sta

Title TREASURER
Name VALA, KEVIN

Address C/O SPECTRYM, INC

PO BOX 970337

City-State-Zip: COCONUT CREEK FL 33097

Title VP

City-State-Zip:

Name DECARVALHO, CARLOS
Address C/O SPECTRYM, INC

PO BOX 970337

City-State-Zip: COCONUT CREEK FL 33097

Title CECDETARY

Address C/O SPECTRYM, INC

PO BOX 970337

City-State-Zip: COCONUT CREEK FL 33097

Title DIRECTOR

Name PINEDA, JAVIER

Address C/O SPECTRYM, INC

PO BOX 970337

City-State-Zip: COCONUT CREEK FL 33097

SIGNATURE: JOHN HENRY SECRETARY

I hereby 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 all other like empowered.