

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90064 009 ****70.00

DOCUMENT # 749267 1. Entity Name GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 430 GOLDEN ISLES DRIVE HALLANDALE, FL 33009			Mailing Address 430 GOLDEN ISLES DRIVE #103 HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1940988	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRIEDMAN, PAULA 430 GOLDEN ISLES DR #808 HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINOTSKY, PEARLE 430 GOLDEN ISLES DR # HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D MURPHY, FRAN 430 GOLDEN ISLES DR #204 HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, ANDREW 430 GOLDEN ISLES DR. HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREIDMAN, PAULA 430 GOLDEN ISLES DR HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD S., KEONARD 430 GOLDEN ISLES DR HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTANDT, DOROTHEA 430 GOLDEN ISLES DR HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERLE CINOTSKY #308 430 GOLDEN ISLES DR #204 #808 LEONARD STEIN #406 PAUL BOROFF #506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Myrna Lyons</i> MYRNA LYONS			Date 02/08/2007 Daytime Phone # 954-547-7292		

40013115



01262007 Chg-NP CR2E037 (12/06)

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ATTACHMENT

40013115

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1940988	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRIEDMAN, PAULA 430 GOLDEN ISLES DR HALLANDALE, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Florida. I am familiar with, and accept the obligations of registered agent.					
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME CINOTSKY, PEARLE STREET ADDRESS 430 GOLDEN ISLES DR CITY-ST-ZIP HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE S NAME MYRNA LYONS STREET ADDRESS 430 GOLDEN ISLES DR #802 CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME MURPHY, FRAN STREET ADDRESS 430 GOLDEN ISLES DR CITY-ST-ZIP HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE D NAME ANGBERTO JUNEZ STREET ADDRESS 430 GOLDEN ISLES DR #807 CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PAPPAS, ANDREW STREET ADDRESS 430 GOLDEN ISLES DR CITY-ST-ZIP HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE D NAME GAIL MOTYKA STREET ADDRESS 430 GOLDEN ISLES DR #708 CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME FREIDMAN, PAULA STREET ADDRESS 430 GOLDEN ISLES DR CITY-ST-ZIP HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE D NAME MARGARET KANE STREET ADDRESS 430 GOLDEN ISLES DR #504 CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME S., KEONARD STREET ADDRESS 430 GOLDEN ISLES DR CITY-ST-ZIP HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GOLDSTANDT, DOROTHEA STREET ADDRESS 430 GOLDEN ISLES DR CITY-ST-ZIP HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <i>Myrna Lyons</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/08/2007 954-547-7292 <small>Date Daytime Phone #</small>		