

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749267

FILED
Jan 07, 2008
Secretary of State

Entity Name: GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

430 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

430 GOLDEN ISLES DRIVE
103
HALLANDALE BEACH, FL 33009

Current Mailing Address:

430 GOLDEN ISLES DRIVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1940988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, PAULA
430 GOLDEN ISLES DR
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

FRIEDMAN, PAULA A TREASUR
430 GOLDEN ISLES DR
808
HALLANDALE BEACH, FL 33009 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: PAULA A FRIEDMAN

01/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CINORSKY, PERLE
Address: 430 GOLDEN ISLES DR #308
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: MURPHY, FRAN
Address: 430 GOLDEN ISLES DR #204
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: FREIDMAN, PAULA
Address: 430 GOLDEN ISLES DR # 808
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: STIEN, LEONARD
Address: 430 GOLDEN ISLES DR #406
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: BOROFF, PAUL
Address: 430 GOLDEN ISLES DR # 506
City-St-Zip: HALLANDALE, FL 33009

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MOTYKA, GAIL
Address: 430 GOLDEN ISLES DR #708
City-St-Zip: HALLANDALE, FL 33009

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

Title: T (X) Change () Addition
Name: FRIEDMAN, PAULA
Address: 430 GOLDEN ISLES DR # 808
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: STEIN, LEONARD
Address: 430 GOLDEN ISLES DR #406
City-St-Zip: HALLANDALE, FL 33009

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

Title: S () Change (X) Addition
Name: LYONS, MYRNA
Address: 430 GOLDEN ISLES DR #802
City-St-Zip: HALLANDALE BEACH, FL 33009

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: PAULA A FRIEDMAN

TREA

01/07/2008

Electronic Signature of Signing Officer or Director

Date