

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717334

**Entity Name:** GOLDEN HORN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**437 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009**Current Mailing Address:**437 GOLDEN ISLES DRIVE  
HALLANDALE, FL 33009 US**FEI Number: 59-1307941****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**IVANOVSKI, MAGGIE  
437 GOLDEN ISLES DR  
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: MAGGIE IVANOVSKI****02/11/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | IVANOVSKI, MAGGIE   |
| Address         | 437 GOLDEN ISLES DR |
| City-State-Zip: | HALLANDALE FL 33009 |

|                 |                        |
|-----------------|------------------------|
| Title           | TRES                   |
| Name            | BABADZANOV, VYACHISLAV |
| Address         | 437 GOLDEN ISLES       |
| City-State-Zip: | HALLANDALE FL 33009    |

|                 |                         |
|-----------------|-------------------------|
| Title           | SEC                     |
| Name            | GLUKLIKH, COLLEN        |
| Address         | 437 GOLDEN ISLES DR     |
| City-State-Zip: | HALLANDALE FLA FL 33009 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | QUINONES, RAOUL        |
| Address         | 437 GOLDEN ISLES DRIVE |
| City-State-Zip: | HALLANDALE FL 33009    |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | DELISLE, CLAUDE     |
| Address         | 437 GOLDEN ISLES DR |
| City-State-Zip: | HALLANDALE FL 33009 |

*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.*

**SIGNATURE: MAGGIE IVANOVSKI****PRES.****02/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date