

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

DOCUMENT# 718052

**Entity Name:** GOLDEN SURF TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 04, 2019**  
**Secretary of State**  
**8570209778CC**

**Current Principal Place of Business:**

137 GOLDEN ISLES DRIVE  
OFFICE  
HALLANDALE, FL 33009

**Current Mailing Address:**

137 GOLDEN ISLES DRIVE  
OFFICE  
HALLANDALE, FL 33009

**FEI Number: 59-1396354**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FIRST SERVICE RESIDENTIAL PROPERTY MANAGER  
137 GOLDEN ISLES DR  
OFFICE  
HALLANDALE, 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: MICHELLE RUIZ**

**02/04/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name GORDON, LILLY  
Address 137 GOLDEN ISLES DRIVE  
OFFICE 1006  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT  
Name GOLDMAN, MADELYN  
Address 137 GOLDEN ISLES DRIVE  
1105  
City-State-Zip: HALLANDALE FL 33009

Title TREASURER  
Name BROWN, STEVONNIE  
Address 137 GOLDEN ISLES DRIVE  
711  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name FERNANDEZ, JOSE  
Address 137 GOLDEN ISLES DRIVE  
1604  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name LATHAM, PATRICIA  
Address 137 GOLDEN ISLES DRIVE  
407  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name PERLINGIERI, DAVID  
Address 137 GOLDEN ISLES DRIVE  
1003  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name GOLDMAN, CASSIE  
Address 137 GOLDEN ISLES DRIVE  
1206  
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: MADELYN GOLDMAN**

**PRESIDENT**

**02/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date