2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718052

Entity Name: GOLDEN SURF TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 29, 2014
Secretary of State
CC4950001190

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: No

Name and Address of Current Registered Agent:

KULINETS, FAINA 137 GOLDEN ISLES DR

1007 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: FAINA KULINETS 01/29/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title TREA

Name KULINETS, FAINA Name BURNSTEIN, PHIL

Address 137 GOLDEN ISLES DRIVE, APT 1007 Address 137 GOLDEN ISLES DRIVE, APT 1607

City-State-Zip: HALLANDALE FL 33009 City-State-Zip: HALLANDALE FL 33009

Title SECR Title DIRE

Name GUSKIN, JUDITH Name SKEI, MARTA

Address 137 GOLDEN ISLES DRIVE, APT 1103 Address 137 GOLDEN ISLES DRIVE, UNIT 405

City-State-Zip: HALLANDALE FL 33009 City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT Title VP

Name CLEMENS, CYNTHIA Name MINDAUGAS, TRECIOKAS

Address 137 GOLDEN ISLES DRIVE, UNIT 1608 Address 137 GOLDEN ISLES DRIVE

414

City-State-Zip: HALLANDALE FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR Title DIRECTOR

Name SACALIS, VERONICA Name MACKOVA, VALERIE

Address 137 GOLDEN ISLES DRIVE Address 137 GOLDEN ISLES DRIVE

OFFICE 709 OFFICE 608

City-State-Zip: HALLANDALE FL 33009 City-State-Zip: HALLANDALE FL 33009

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SIGNATURE: FAINA KULINETS DIRECTOR 01/29/2014

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.

Officer/Director Detail Continued:

DIRECTOR Title

MENDOZA, YOLANDA Name

137 GOLDEN ISLES DRIVE OFFICE 1205 Address

City-State-Zip: HALLANDALE FL 33009