

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718052

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

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC2265335320**

**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:**

TRECIOKAS, MINDAUGAS  
137 GOLDEN ISLES DR  
414  
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: MINDAUGAS TRECIOKAS**

**01/13/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name TRECIOKAS, MINDAUGAS  
Address 137 GOLDEN ISLES DRIVE  
414  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name MERCEA, MARIUTZA  
Address 137 GOLDEN ISLES DRIVE  
710  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT  
Name CLEMENS, CYNTHIA  
Address 137 GOLDEN ISLES DRIVE, UNIT 1608  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name KULINETS, FAINA  
Address 137 GOLDEN ISLES DRIVE  
1007  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER  
Name SACALIS, VERONICA  
Address 137 GOLDEN ISLES DRIVE  
OFFICE 709  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name MACKOVA, VALERIE  
Address 137 GOLDEN ISLES DRIVE  
OFFICE 608  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name CIVIERO, PIO  
Address 137 GOLDEN ISLES DRIVE  
OFFICE 1603  
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: FAINA KULINETS**

**TREASURER**

**01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date