

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718052

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

**FILED**  
**Feb 18, 2020**  
**Secretary of State**  
**3309441394CC**

**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:**

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**

**02/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name TRECIOKIENE, AGNE  
Address 137 GOLDEN ISLES DRIVE  
414  
City-State-Zip: HALLANDALE FL 33009

Title TREASURER  
Name NEEDELMAN, HEATHER  
Address 137 GOLDEN ISLES DRIVE  
1611  
City-State-Zip: HALLANDALE FL 33009

Title 1ST VICE PRESIDENT  
Name BELFOR, ISABEL  
Address 137 GOLDEN ISLES DRIVE  
503  
City-State-Zip: HALLANDALE FL 33009

Title 2ND VICE PRESIDENT  
Name COUNCILMAN, MIKE  
Address 137 GOLDEN ISLES DRIVE  
404  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name DOROSHENKO, YEVGENIY  
Address 137 GOLDEN ISLES DRIVE  
1601  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name YUSHINA, ELENA  
Address 137 GOLDEN ISLES DRIVE  
1002  
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: AGNE TRECIOKIENE**

**PRESIDENT**

**02/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date