

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

DOCUMENT# 718052

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

**FILED**  
**Jan 29, 2024**  
**Secretary of State**  
**0328361734CC**

**Current Principal Place of Business:**

137 GOLDEN ISLES DRIVE  
OFFICE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

137 GOLDEN ISLES DRIVE  
OFFICE  
HALLANDALE BEACH, FL 33009 US

**FEI Number: 59-1396354**

**Certificate of Status Desired: No**

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

SIEGFRIED/RIVERA  
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: JONATHAN MOTSKY**

**01/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name YUSHINA, ELENA  
Address 137 GOLDEN ISLES DRIVE  
1002  
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT  
Name TRECIOKIENE, AGNE  
Address 137 GOLDEN ISLES DRIVE  
914  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP  
Name SKEI, MARTA  
Address 137 GOLDEN ISLES DRIVE  
405  
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER  
Name ALKHEN, JEMMA  
Address 137 GOLDEN ISLES DRIVE  
604  
City-State-Zip: HALLANDALE BEACH FL 33009

Title ASSISTANT TREASURER  
Name STUKAS, SIGITAS  
Address 137 GOLDEN ISLES DRIVE UNIT 612  
511  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name ILIE, CRISTIAN  
Address 137 GOLDEN ISLES DRIVE  
1607  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name MREJERU, ALINA  
Address 137 GOLDEN ISLES DRIVE  
412  
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**

**01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date