

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

DOCUMENT# 724540

**FILED**  
**Feb 14, 2020**  
**Secretary of State**  
**1120095772CC**

**Entity Name:** GOLDEN HORN SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

427 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

427 GOLDEN ISLES DR  
HALLANDALE BEACH, FL 33009

**FEI Number: 59-1493434**

**Certificate of Status Desired: No**

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

IVANOVSKI, MAGGIE  
427 GOLDEN ISLES DR  
HALLANDALE BEACH, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES.  
Name            LOTT, DENNIS  
Address        427 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            TREASURER  
Name            NAHMIACH, CLAUDE  
Address        427 GOLDEN ISLES DR.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VICE-PRES  
Name            COTE, JEAN-GUY  
Address        427 GOLDEN ISLES DR.  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            SEC  
Name            RAFF, ADRIENNE  
Address        427 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            DIRECTOR  
Name            FRASCA, SALVATORE  
Address        427 GOLDEN ISLES DR  
City-State-Zip: HALLANDALE BEACH FL

*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: DENNIS LOTT**

**PRESIDENT**

**02/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date