

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749267

FILED
Jan 19, 2015
Secretary of State
CC9413599753**Entity Name:** GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**430 GOLDEN ISLES DRIVE
103
HALLANDALE BEACH, FL 33009**Current Mailing Address:**430 GOLDEN ISLES DRIVE
103
HALLANDALE BEACH, FL 33009**FEI Number:** 59-1940988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAZER & ASSOCIATES, P.A.
3113 STERLING RD
2ND FLOOR
HOLLYWOOD, FL 33312 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	T
Name	MOTYKA, GAIL
Address	430 GOLDEN ISLES DR #708
City-State-Zip:	HALLANDALE FL 33009
Title	VP
Name	BOROFF, PAUL
Address	430 GOLDEN ISLES DR # 506
City-State-Zip:	HALLANDALE FL 33009
Title	DIRECTOR
Name	STEIN, LEONARD
Address	430 GOLDEN ISLES DR #406
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	PRESIDENT
Name	LYONS, MYRNA
Address	430 GOLDEN ISLES DR # 802
City-State-Zip:	HALLANDALE FL 33009
Title	S
Name	ROJAS, ANA L
Address	430 GOLDEN ISLES DR #307
City-State-Zip:	HALLANDALE BEACH FL 33009
Title	DIRECTOR
Name	RATHAUS, SARAH
Address	430 GOLDEN ISLES DR #305
City-State-Zip:	HALLANDALE BEACH 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: MYRNA LYONS**PRESIDENT****01/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date