

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749267

FILED
Mar 13, 2023
Secretary of State
1615380666CC**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: Yes****Name and Address of Current Registered Agent:**VALANCY & REED, P.A.
310 SE 136 ST
FT LAUDERDALE, FL 33316 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	TREASURER
Name	ROBIN MCKIBBEN
Address	430 GOLDEN ISLES DR 405
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	VP
Name	LEVY CRUZ
Address	430 GOLDEN ISLES DR 704
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	SECRETARY
Name	JOSEPH ALOIA
Address	430 GOLDEN ISLES DR 106
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIRECTOR
Name	CARLOS BURBANO
Address	430 GOLDEN ISLES DRIVE 806
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIRECTOR
Name	LAGRASTA, ANNA
Address	430 GOLDEN ISLES DRIVE 108
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIRECTOR
Name	VADIM HAMILTON
Address	430 GOLDEN ISLES DR 207
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	PRESIDENT
Name	WILLIAM E WRIGHTSMAN
Address	430 GOLDEN ISLES DR 507
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

Continues on page 2

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: LEVY CRUZ**VP****03/13/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KOCHIN, SIMON
Address	430 GOLDEN ISLES DR 504
City-State-Zip:	HALLANDLE BCH FL 33009-7555