2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749267

Entity Name: GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION,

INC.

FILED Feb 14, 2020 **Secretary of State** 4333409075CC

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:

ANTHONY ADELSON LAW FIRM 501 GOLDEN ISLES DRIVE SUITF 102 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: ANTHONY S. ADELSON PA 02/14/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title

DIRECTOR

Title **TREASURER** Title VΡ

RATHAUS, SARAH Name MOTYKA, GAIL Name

Address 430 GOLDEN ISLES DR #708 Address 430 GOLDEN ISLES DR 305

City-State-Zip: HALLANDALE FL 33009

City-State-Zip: HALLANDALE FL 33009

Title SECRETARY DIRECTOR Title

Name ROJAS, ANA L HAUSSLER, MARGARET Name Address 430 GOLDEN ISLES DR #307

430 GOLDEN ISLES DRIVE Address 101

City-State-Zip: HALLANDALE BEACH FL 33009

City-State-Zip: HALLANDALE BEACH FL 33009 Title DIRECTOR

Title **PRESIDENT** Name LAGRASTA, ANNA

Name LYONS, MYRNA 430 GOLDEN ISLES DRIVE Address

108 430 GOLDEN ISLES DR Address

HALLANDALE BEACH FL 33009

City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR Name PAPPAS, ANDREW

Name ALOIA, JOSEPH 430 GOLDEN ISLES DR Address

> Address 430 GOLDEN ISLES DR

HALLANDALE BEACH FL 33009 City-State-Zip: #106

> 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.

02/14/2020 SIGNATURE: MYRNA LYONS PRESIDENT

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name GALAKTIONOV, VAL

Address 430 GOLDEN ISLES DRIVE

507

City-State-Zip: HALLANDALE BEACH FL 33009