

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749267

FILED
Mar 14, 2022
Secretary of State
1503989341CC**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 | MOTYKA, GAIL |
| Address | 430 GOLDEN ISLES DR 708 |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |

| | |
|-----------------|----------------------------|
| Title | VP |
| Name | PAPPAS, ANDY |
| Address | 430 GOLDEN ISLES DR 503 |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |

| | |
|-----------------|----------------------------|
| Title | SECRETARY |
| Name | ROJAS, ANA L |
| Address | 430 GOLDEN ISLES DR 307 |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |

| | |
|-----------------|-------------------------------|
| Title | DIRECTOR |
| Name | HAUSSLER, MARGARET |
| Address | 430 GOLDEN ISLES DRIVE 101 |
| 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 | ALOIA, JOSEPH |
| Address | 430 GOLDEN ISLES DR 106 |
| City-State-Zip: | HALLANDALE BEACH FL 33009 |

| | |
|-----------------|--------------------------------|
| Title | PRESIDENT |
| Name | LYONS, MYRNA |
| Address | 430 GOLDEN ISLES DR APT 802 |
| 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****03/14/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date