

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749267

**FILED**  
**Apr 24, 2021**  
**Secretary of State**  
**5388205618CC****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:**ANTHONY ADELSON LAW FIRM  
501 GOLDEN ISLES DRIVE  
SUITE 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

04/24/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** MOTYKA, GAIL  
**Address** 430 GOLDEN ISLES DR #708  
708  
**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** LAGRASTA, ANNA  
**Address** 430 GOLDEN ISLES DRIVE  
108  
**City-State-Zip:** HALLANDALE BEACH FL 33009**Title** DIRECTOR  
**Name** LYONS, MYRNA  
**Address** 430 GOLDEN ISLES DR  
APT 802  
**City-State-Zip:** HALLANDALE BEACH FL 33009**Title** VP  
**Name** LARUSSA, VERONICA  
**Address** 430 GOLDEN ISLES DR  
204  
**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** PRESIDENT  
**Name** ALOIA, JOSEPH  
**Address** 430 GOLDEN ISLES DR  
106  
**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:** MYRNA LYONS**DIRECTOR**

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GALAKTIONOV, VAL
Address	430 GOLDEN ISLES DRIVE 507
City-State-Zip:	HALLANDALE BEACH FL 33009