

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749267

FILED
Jan 06, 2010
Secretary of State

Entity Name: GOLDEN ISLES YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

430 GOLDEN ISLES DRIVE
103
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

430 GOLDEN ISLES DRIVE
103
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 59-1940988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER & ASSOCIATES, P.A.
3113 STERLING RD
2ND FLOOR
HOLLYWOOD, FL 33312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP
Name: MOTYKA, GAIL
Address: 430 GOLDEN ISLES DR #708
City-St-Zip: HALLANDALE, FL 33009

Title: D
Name: MURPHY, FRAN
Address: 430 GOLDEN ISLES DR #204
City-St-Zip: HALLANDALE, FL 33009

Title: T
Name: FRIEDMAN, PAULA
Address: 430 GOLDEN ISLES DR # 808
City-St-Zip: HALLANDALE, FL 33009

Title: D
Name: STEIN, LEONARD
Address: 430 GOLDEN ISLES DR #406
City-St-Zip: HALLANDALE, FL 33009

Title: P
Name: BOROFF, PAUL
Address: 430 GOLDEN ISLES DR # 506
City-St-Zip: HALLANDALE, FL 33009

Title: S
Name: LYONS, MYRNA
Address: 430 GOLDEN ISLES DR #802
City-St-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

SEC

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date