

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 8 AM 9:47

DOCUMENT # 722679 (8)

1. Corporation Name

GULFSTREAM VILLAS CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
4440 NORTH OCEAN BOULEVARD DELRAY BEACH FL 33483-7542		4440 NORTH OCEAN BOULEVARD DELRAY BEACH FL 33483-7542	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
02/09/1972	04/21/1994
4. FEI Number	Applied For
59-1589389	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEARIN, PLUMMER M. 4440 NORTH OCEAN BLVD., #4 DELRAY BEACH FL 33483				81 Name	M.J. Gallup		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	235 N.E. 6th Avenue, Suite D		
				84 City	Delray Beach	85 Zip Code	FL 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marianne A. Gallup (NOTE: Registered Agent signature required when reinstating) DATE: 5/31/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	11 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAUN, MARGARET W	12 NAME	M.J. Gallup				
STREET ADDRESS	4440 N OCEAN BLVD #3	13 STREET ADDRESS	235 NE 3th Avenue, Suite D				
CITY - ST - ZIP	DELRAY BEACH FL	14 CITY - ST - ZIP	Delray Beach, FL 33483	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	D	21 TITLE					
NAME	ROGERS, ANN	22 NAME					
STREET ADDRESS	4440 N OCEAN BLVD #1	23 STREET ADDRESS					
CITY - ST - ZIP	DELRAY BEACH FL	24 CITY - ST - ZIP					
TITLE	PTD	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHEARIN, PLUMMER M	32 NAME					
STREET ADDRESS	4440 N OCEAN BLVD #4	33 STREET ADDRESS					
CITY - ST - ZIP	DELRAY BEACH FL	34 CITY - ST - ZIP					
TITLE	SD	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHEARIN, PLUMMER M	42 NAME					
STREET ADDRESS	4440 N OCEAN BLVD #4	43 STREET ADDRESS					
CITY - ST - ZIP	DELRAY BEACH FL	44 CITY - ST - ZIP					
TITLE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY - ST - ZIP		54 CITY - ST - ZIP					
TITLE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY - ST - ZIP		64 CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marianne A. Gallup DATE: 5/31/95 407-272-2617