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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 06 1998 8:00am
Secretary of State

DOCUMENT # 722679 (8)

1. Corporation Name

GULFSTREAM VILLAS CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

4440 NORTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-7542

4440 NORTH OCEAN BOULEVARD
DELRAY BEACH FL 33483-7542

3. Date Incorporated or Qualified

02/09/1972

4. FEI Number

59-1589389

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, BERNITA PETY PRES.
4440 N. OCEAN BLVD.
APT. 4
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

DELRAY BEACH FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent acceptable if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME STEWART, BERNITA PETTY
STREET ADDRESS 4440 N. OCEAN BLVD. APT. 4
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VPD ☐ DELETE

NAME GRANT, IAIN
STREET ADDRESS 4440 N OCEAN BLVD, APT 2
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☐ DELETE

NAME AHLUM, KIMBERLEY
STREET ADDRESS 4440 N OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD ☐ DELETE

NAME WIDMARK, ALLEN
STREET ADDRESS 4440 N. OCEAN BLVD. #3
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ DELETE

NAME WIDMARK, MARY J
STREET ADDRESS 4440 N OCEAN BLVD, APT 3
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME GRANT, NICOLE
STREET ADDRESS 4440 N OCEAN BLVD, APT 2
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (10/97)