

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90089 015 \*\*\*\*61.25

DOCUMENT # 722679

1. Corporation Name

GULFSTREAM VILLAS CONDOMINIUM, INC.

Principal Place of Business

4440 NORTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483-7542

Mailing Address

4440 NORTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483-7542



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/09/1972

21 Suite, Apt. #; etc.

26 Suite, Apt. #; etc.

4. FEI Number  
59-1589389

Applied For.  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLUP, M.J.  
235 NE 6TH AVE  
SUITE D  
DELRAY BEACH FL 33483

81 Name  
DAVID J. PUGH  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip Code

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | LORBER, ALFONS            |  |
| STREET ADDRESS | 4440 N. OCEAN BLVD, APT 4 |  |
| CITY-ST-ZIP    | DELRAY BEACH FL 33483     |  |
| TITLE          | STD                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | GRANT, IAIN               |  |
| STREET ADDRESS | 4440 N OCEAN BLVD, APT 2  |  |
| CITY-ST-ZIP    | DELRAY BEACH FL           |  |
| TITLE          | PD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | AHLUM, KIMBERLEY          |  |
| STREET ADDRESS | 4440 N OCEAN BLVD         |  |
| CITY-ST-ZIP    | DELRAY BEACH FL           |  |
| TITLE          | VPD                       | <input type="checkbox"/> DELETE            |
| NAME           | WIDMARK, ALLEN            |  |
| STREET ADDRESS | 4440 N. OCEAN BLVD. #3    |  |
| CITY-ST-ZIP    | DELRAY BEACH FL 33483     |  |
| TITLE          | D                         | <input type="checkbox"/> DELETE            |
| NAME           | WIDMARK, MARY J           |  |
| STREET ADDRESS | 4440 N OCEAN BLVD, APT 3  |  |
| CITY-ST-ZIP    | DELRAY BEACH FL           |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | GRANT, NICOLE             |  |
| STREET ADDRESS | 4440 N OCEAN BLVD, APT 2  |  |
| CITY-ST-ZIP    | DELRAY BEACH FL           |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

272 2617

Daytime Phone #

CR2E037 (1/1/98)