

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90037 018 ****61.25

DOCUMENT # 722679

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

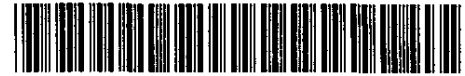
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1589389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUGH, DAVID J
235 NE 6TH AVE
SUITE D
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE-NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE SD
NAME NAPPI, JEAN ☐ Delete
STREET ADDRESS 4440 N OCEAN BLVD #2
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE TD
NAME NAPPI, SALVATORE ☐ Delete
STREET ADDRESS 4440 N OCEAN BLVD #2
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VP
NAME CLEMENTS, CATHY ☐ Delete
STREET ADDRESS 4440 N OCEAN BLVD #1
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen C. Widmark Pres* *3/24/04* *561-272-2617*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #