

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90145 001 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

817 GEORGE BUSH BLVD.

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 resigning)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

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

TITLE VP ☒ Delete
NAME CLEMENTS, CATHY
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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CITY-ST-ZIP

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 exemptions contained in Section 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

3/24/06