


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # 722679 1. Entity Name GULFSTREAM VILLAS CONDOMINIUM, INC.	
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Principal Place of Business 4440 NORTH OCEAN BOULEVARD DELRAY BEACH FL 33483-7542	Mailing Address 4440 NORTH OCEAN BOULEVARD DELRAY BEACH FL 33483-7542
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-1589389
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1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent PUGH, DAVID J 817 GEORGE BUSH BLVD 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
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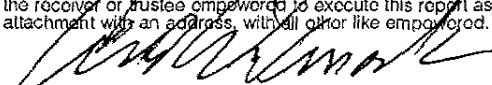
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	PD <input type="checkbox"/> Delete WIDMARK, ALLEN STREET ADDRESS: 4440 N. OCEAN BLVD. #3 CITY- ST- ZIP: DELRAY BEACH FL 33483	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add <div style="text-align: center;"> 100000647028 03/06/07-80057-019 61.25 </div>
TITLE NAME	SD <input type="checkbox"/> Delete NAPPI, JEAN STREET ADDRESS: 4440 N OCEAN BLVD #2 CITY- ST- ZIP: DELRAY BEACH FL 33483	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME	TD <input type="checkbox"/> Delete NAPPI, SALVATORE STREET ADDRESS: 4440 N OCEAN BLVD #2 CITY- ST- ZIP: DELRAY BEACH FL 33483	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **2/22/07** Daytime Phone #