## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 708155** 

FILED Jan 28, 2010 Secretary of State

Entity Name: GULFSTREAM TOWERS ASSOCIATION, INC., A CONDOMINIUM

Current Principal Place of Business: New Principal Place of Business:

33 S. GULFSTREAM AVENUE 8437 TUTTLE AVENUE

SARASOTA, FL 342368908 US #246

SARASOTA, FL 34243 US

Current Mailing Address: New Mailing Address:

8437 TUSTLE AVE 8437 TUTTLE AVENUE

#246 #246 #246 SARASOTA, FL 342368908 US SARA

SARASOTA, FL 34243 US

FEI Number: 59-1100982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAIX, JAMES M FAIX, JAMES M PRES

POLARIS PROPERTY MANAGEMENT., INC. POLARIS PROPERTY MANAGEMENT., INC.

8437 TUTTLE AVE #246 8437 TUTTLE AVE #246 SARASOTA, FL 34243 US SARASOTA, FL 34243 US

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.

SIGNATURE: JAMES M. FAIX 01/28/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: RUPE-WHITCOMB, SUSAN PRES

Address: 8437 TUTTLE AVE #246 City-St-Zip: SARASOTA, FL 34243 US

Title: TD

 Name:
 COOKE, FRED H TRES

 Address:
 8437 TUTTLE AVE #246

 City-St-Zip:
 SARASOTA, FL 34243 US

Title: SD

 Name:
 WILLIAMS, MARIE

 Address:
 8437 TUTTLE AVE #246

 City-St-Zip:
 SARASOTA, FL 34243 US

Title: VD

Name: KOIS, DANIEL Address: 8437 TUTTLE AVE

City-St-Zip: SARASOTA, FL 34243 US

Title:

 Name:
 FLORY, CAROL

 Address:
 8437 TUTTLE AVE #246

 City-St-Zip:
 SARASOTA, FL 34243 US

Title:

 Name:
 DINNEEN, MAURICE

 Address:
 8437 TUTTLE AVE #246

 City-St-Zip:
 SARASOTA, FL 34243 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN RUPE-WHITCOMB PD 01/28/2010