2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 09, 2005 08:00 AM **DOCUMENT # 724955** 1. Entity Name **Secretary of State** GULFSTREAM VILLAS SOUTH CONDOMINIUM, INC. Principal Place of Business Mailing Address 4400 N, OCEAN BLVD. DELRAY BEACH FL 334<u>83</u> 235 NE 6TH AVE DELRAY BEHAC FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1636851 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUGH, DAVID Street Address (P O. Box Number is Not Acceptable) C/O M J GALLUP ACCOUNTING 235 NE 6TH AVE SUITE D DELRAY BEACH FL 33483 City 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11 THUE ☐ Change Addition Delete HARRIS, ALEXANDER U00000256947 03/09/05-80035-011 61.25 NAME 4400 N OCEAN BLVD. STREET ADDRESS STREET ADDRESS DELRAY BÉACH FL CITY-ST-ZIP CITY-ST-7IP VD ☐ Addition TITLE Delete TITLE ☐ Change MUTH, THERESA NAME NAME 4400 N OCEAN BLVD. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, MARY LOU 4400 N OÇEAN BLVD. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete 🗐 Adulia. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 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 changed, or on an attachment withpan address, with all other like empowered

FILED