

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

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90404 031 \*\*\*\*61.25

DOCUMENT # 724955



1. Entity Name

GULFSTREAM VILLAS SOUTH CONDOMINIUM, INC.

Principal Place of Business

4400 N. OCEAN BLVD.  
 DELRAY BEACH FL 33483

Mailing Address

235 NE 6TH AVE  
 STE D  
 DELRAY BEACH FL 33483  
 US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

817 GEORGE BUSH  
 BLVD.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State  
 DELRAY BEACH

4. FEI Number

59-1636851

Applied For

Not Applicable

Zip

Country

Zip

FL 33483

Country

U.S.

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  
 C/O M J GALLUP ACCOUNTING  
 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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME HARRIS, ALEXANDER  
 STREET ADDRESS 4400 N OCEAN BLVD.  
 CITY-ST-ZIP DELRAY BEACH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME MUTH, THERESA  
 STREET ADDRESS 4400 N OCEAN BLVD.  
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST  Delete  
 NAME HARRIS, MARY LOU  
 STREET ADDRESS 4400 N OCEAN BLVD.  
 CITY-ST-ZIP DELRAY BEACH FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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:

*A. Harris*  
 A. Harris

3/24/06

2003-0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DOCUMENT #