


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

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

DOCUMENT # 724955 1. Entity Name GULFSTREAM VILLAS SOUTH CONDOMINIUM, INC.	
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Principal Place of Business 4400 N. OCEAN BLVD. DELRAY BEACH FL 33483	Mailing Address 817 GEORGE BUSH BLVD DELRAY BEACH FL 33483 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1636851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PUGH, DAVID 817 GEORGE BUSH BLVD 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
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: HARRIS, ALEXANDER STREET ADDRESS: 4400 N OCEAN BLVD. CITY- ST- ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE: VD NAME: MUTH, THERESA STREET ADDRESS: 4400 N OCEAN BLVD. CITY- ST- ZIP: DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE: ST NAME: HARRIS, MARY LOU STREET ADDRESS: 4400 N OCEAN BLVD. CITY- ST- ZIP: DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000000648136
03/06/07-80100-007 61.25

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 employment.

SIGNATURE: *Alexander Harris* 2/21/07