## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 728426** 

FILED Apr 03, 2009 Secretary of State

Entity Name: GULFSTREAM SHORES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CEAN BLVD. BEACH, FL 3	3483 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6615 W. B		L SERVICES CH BLVD #397 33437 US			
FEI Number	: 59-1608792	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent	: Name and Address	of New Registered Agent:	
KATZMAN 250 AUST WEST PA	ŘALIAN AVE LM BEACH, F	L, ROSENBAUM SOUTH - SUITE 500 FL 33401 US	he nurnose of changing its registers	ed office or registered agent, or both,	
	e of Florida.	submits this statement for the	ne purpose of changing its registere	or office of registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:		) Delete	Title:	( ) Change ( ) Addition	
Address:		CANDACE IN BLVD #104 ICH, FL 33483	Name: Address: City-St-Zip:		
Address: City-St-Zip: Title: Name: Address:	3851 N OCEA DELRAY BEA T ( FITEZGERAL 3851 N. OCE	N BLVD #104 CH, FL 33483 ) Delete	Address:	()Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	3851 N OCEA DELRAY BEA T (FITEZGERAL 3851 N. OCEA DELRAY BEA D (EKSTROM, P 3851 N OCEA	N BLVD #104 CH, FL 33483 ) Delete D, TERRY AN BLVD #212 CH, FL 33483 ) Delete ETER	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	3851 N OCEA DELRAY BEA  T (FITEZGERAL 3851 N. OCE, DELRAY BEA  D (EKSTROM, P 3851 N OCEA DELRAY BEA  D (DAVIGNON, F 3851 N OCEA	N BLVD #104 CH, FL 33483 ) Delete D, TERRY AN BLVD #212 CH, FL 33483 ) Delete ETER N #107 CH, FL 33483 ) Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	3851 N OCEA DELRAY BEA  T (FITEZGERAL 3851 N. OCEA DELRAY BEA  D (EKSTROM, P 3851 N OCEA DELRAY BEA  D (DAVIGNON, F 3851 N OCEA DELRAY BEA  S (FIORE, JAME 3851 N OCEA	N BLVD #104 CH, FL 33483  ) Delete D, TERRY AN BLVD #212 CH, FL 33483  ) Delete ETER N #107 CH, FL 33483  ) Delete PAUL N BLVD #407 CH, FL 33483  ) Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	()Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CANDICE GOUWENS PRES 04/03/2009