

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 736518 (2)
1. Corporation Name
TOWN OF GULF STREAM CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2401 NORTH OCEAN BLVD.
GULF STREAM FL 33483-7355P O BOX 1496
DELRAY BCH FL 33447-1496
US3. Date Incorporated or Qualified
08/03/19763a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 SAME
Suite, Apt. #, etc.2a same as above
Suite, Apt. #, etc.

4. FEI Number

59-1612960

Applied For

Not Applicable

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, LILLIAN F.
13 S.E. DOLPHIN DRIVE
DELRAY BCH FL 33444

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VELIE, JR C
STREET ADDRESS 455 OLD SCHOOL RD
CITY-ST-ZIP GULF STREAM, FL 00000☐ DELETE1.1 TITLE PD
1.2 NAME Perry H. O'Neal
1.3 STREET ADDRESS 588 Banyan Rd.
1.4 CITY-ST-ZIP Gulf Stream, FL 33483☒ Change ☐ AdditionTITLE SD
NAME BREAZEALE, JEANNE
STREET ADDRESS 3450 GULF STREAM RD
CITY-ST-ZIP GULF STREAM FL☐ DELETE2.1 TITLE Cyntha Neeves SD
2.2 NAME 1304 N Ocean Blvd
2.3 STREET ADDRESS Gulf Stream, FL 33483
2.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE TD
NAME O'NEAL, PERCY H
STREET ADDRESS 588 BANYAN RD
CITY-ST-ZIP GULF STREAM FL☐ DELETE3.1 TITLE TD
3.2 NAME Charles Velie, Jr.
3.3 STREET ADDRESS 545 Old School Rd
3.4 CITY-ST-ZIP Gulf Stream, FL 33483☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043356

CP2E037 (9/96)