

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90008 016 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 736518**

1. Corporation Name

**TOWN OF GULF STREAM CIVIC ASSOCIATION, INC.**

Principal Place of Business

2401 NORTH OCEAN BLVD.  
GULF STREAM FL 33483-7355

Mailing Address

P O BOX 1496  
DELRAY BCH FL 33447  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b Suite, Apt. #, etc.		08/03/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1612960	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	Cindy E. Tomlinson
82 Street Address (P.O. Box Number is Not Acceptable)	45 S.E. 7th Avenue, Apt 6
83	
84 City	Delray Beach, FL
85 Zip Code	33483

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

(NOTE: Registered Agent signature required when reinstating)

7/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President P/D
NAME	WINSTON, SARA C.	1.2 NAME	Williams, W. Grant
STREET ADDRESS	555 OLD SCHOOL ROAD	1.3 STREET ADDRESS	3145 Polo Drive
CITY-ST-ZIP	GULF STREAM, FL 00000 33483	1.4 CITY-ST-ZIP	Gulf Stream, FL 33483
TITLE	PD	2.1 TITLE	Vice President V/D
NAME	O'NEAL, PERRY H	2.2 NAME	Barbara Whittaker
STREET ADDRESS	588 BANYAN RD	2.3 STREET ADDRESS	1120 N. Ocean Boulevard
CITY-ST-ZIP	GULF STREAM FL	2.4 CITY-ST-ZIP	Gulf Stream, FL 33483
TITLE	SD	3.1 TITLE	Secretary S/D
NAME	NEEVES, CYNTHIA	3.2 NAME	Neeves, Cynthia
STREET ADDRESS	1304 N OCEAN BLVD	3.3 STREET ADDRESS	11 Hidden Harbor Drive
CITY-ST-ZIP	GULF STREAM FL	3.4 CITY-ST-ZIP	Gulf Stream, FL 33483
TITLE	TD	4.1 TITLE	Treasurer T/D
NAME	VELIE JR, CHARLES	4.2 NAME	Elizabeth D. Cooke
STREET ADDRESS	545 OLD SCHOOL RD	4.3 STREET ADDRESS	4240 N. County Road
CITY-ST-ZIP	GULF STREAM FL	4.4 CITY-ST-ZIP	Gulf Stream, FL 33483
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth D. Cooke, Treasurer T/D

Date

Daytime Phone #

CR2E037 (11/98)