

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736518

1. Entity Name

TOWN OF GULF STREAM CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2401 NORTH OCEAN BLVD.  
GULF STREAM FL 33483-7355  
US

P O BOX 1496  
DELRAY BCH FL 33447  
US

2. Principal Place of Business

100 Sea Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gulf Stream, Florida

City & State

Zip

33483

Country

US

Zip

Country

4. FEI Number

59-1612960

Applied For

Not Applicable

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

TOMLINSON, CINDY E  
45 S E 7TH AVENUE, APT. #6  
DELRAY BEACH FL 33483

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WILLIAMS, W G  
STREET ADDRESS 3145 POLO DRIVE  
CITY-ST-ZIP GULF STREAM FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME WHITTAKER, BARBARA  
STREET ADDRESS 1120 N. OCEAN BOULEVARD  
CITY-ST-ZIP GULF STREAM FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME NEEVES, CYNTHIA  
STREET ADDRESS 11 HIDDEN HARBOR DRIVE  
CITY-ST-ZIP GULF STREAM FL 33483

TITLE SD ☐ Change ☐ Addition  
NAME Smith, Bettina F.  
STREET ADDRESS 1122 N. Ocean Boulevard  
CITY-ST-ZIP Gulf Stream, FL 33483

TITLE TD ☐ Delete  
NAME COOKE, ELIZABETH D  
STREET ADDRESS 4240 N. COUNTY ROAD  
CITY-ST-ZIP GULF STREAM FL 33483

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 exemption stated in Section 119.07(3)(i), 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: *Elizabeth D. Cooke* ELIZABETH D. COOKE 5/7/01 561-278-4433

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91222 037 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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