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## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jun 16, 2002 8:00 am **DOCUMENT # 736518** 1. Entity Name **Secretary of State** TOWN OF GULF STREAM CIVIC ASSOCIATION, INC. 06-16-2002 90694 049 \*\*\*\*61.25 Principal Place of Business Mailing Address 100 SEA ROAD P O BOX 1496 **GULF STREAM FL 33483-7355** DELRAY BCH FL 33447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1612960 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TOMLINSON, CINDY E 45 S E 7TH AVENUE, APT. #6 **DELRAY BEACH FL 33483** City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE (9/01)☐ Change ☐ Addition WILLIAMS, W G NAME NAME STREET ADDRESS 3145 POLO DRIVE STREET ADDRESS CR2E037 CITY-ST-ZIP **GULF STREAM FL 33483** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITTAKER, BARBARA NAME NAME 1120 N. OCEAN BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULF STREAM FL 33483** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition. NAME SMITH, BETTINA F NAME 1122 N. OCEAN BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GULF STREAM FL 33483** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COOKE, ELIZABETH D NAME NAME STREET ADDRESS 4240 N. COUNTY ROAD STREET ADDRESS CITY-ST-ZIP **GULF STREAM FL 33483** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 anothat 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 of rustee empowered to execute this deport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

## Town of Gulf Stream Civic Association, Inc.

P.O. Box 1496

Delray Beach, Florida 33447 Attachment 869102

June 4, 2002

Division of Corporations Uniform Business Report Filings

P.O.-Box-1500

Tallahassee, Florida 32302-1500-

Re: Document #736518

Dear Sir or Madam,

I find myself in an embarrassing situation of being delinquent. I had re-organized my files and filed the enclosed document in a paid file.

Please excuse my tardiness, if there is anything else that I have overlooked please let me know.

Sincerely,

Cindy Tomlinson

Town of Gulf Stream Civic Association, Inc

561-278-0392