

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736518

FILED  
May 04, 2004  
Secretary of State

**Entity Name:** TOWN OF GULF STREAM CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

100 SEA ROAD  
GULF STREAM, FL 334837355 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1496  
DELRAY BCH, FL 33447 US

**New Mailing Address:**

**FEI Number:** 59-1612960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

TOMLINSON, CINDY E  
9926A WATERMILL CIRCLE  
BOYNTON BEACH, FL 33437

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:

05/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, W G  
Address: 3145 POLO DRIVE  
City-St-Zip: GULF STREAM, FL 33483

Title: VD ( ) Delete  
Name: WHITTAKER, BARBARA  
Address: 1120 N. OCEAN BOULEVARD  
City-St-Zip: GULF STREAM, FL 33483

Title: SD ( ) Delete  
Name: SMITH, BETTINA F  
Address: 1122 N. OCEAN BOULEVARD  
City-St-Zip: GULF STREAM, FL 33483

Title: TD ( ) Delete  
Name: COOKE, ELIZABETH D  
Address: 4240 N. COUNTY ROAD  
City-St-Zip: GULF STREAM, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GANGER, ROBERT  
Address: 1443 N. OCEAN BOULEVARD  
City-St-Zip: GULF STREAM, FL 33483

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIZABETH D. COOKE

TD

05/04/2004

Electronic Signature of Signing Officer or Director

Date