

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90035 019 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                    |                                                                                                                          |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 736518</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                                                    |                                                                                                                          |  |  |
| 1. Entity Name<br><b>TOWN OF GULF STREAM CIVIC ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                                                                                    |                                                                                                                          |                                                                                   |  |
| Principal Place of Business<br><b>100 SEA ROAD<br/>GULF STREAM FL 33483-7355<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                                                                                    | Mailing Address<br><b>P O BOX 1496<br/>DELRAY BCH FL 33447<br/>US</b>                                                    |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |                                                                                    | 3. Mailing Address<br><b>777 E. Atlantic Ave.<br/>Box C2-309<br/>Delray Beach FL<br/>33483 USA</b>                       |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                                    | Suite, Apt. #, etc.                                                                                                      |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                                                                                    | City & State                                                                                                             |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                                                    | Zip                                                                                                                      |                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                                                                                    | Country                                                                                                                  |                                                                                   |  |
| 4. FEI Number<br><b>59-1612960</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                   |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                                    |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>TOMLINSON, CINDY E<br/>9926A WATERMILL CIRCLE<br/>BOYNTON BEACH FL 33437</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                    | 7. Name and Address of New Registered Agent<br><b>KATHERINE FAZO<br/>1118 Harbor Drive<br/>Delray Beach<br/>FL 33483</b> |                                                                                   |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                                                                    |                                                                                                                          |                                                                                   |  |
| SIGNATURE <b>Robert W. Ganger - President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                                                                    |                                                                                                                          | DATE <b>2/08/05</b>                                                               |  |
| Signature typed or printed name of registered agent and title if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                                    |                                                                                                                          | (NOTE: Registered Agent signature required when registering)                      |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                          | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                                                    |                                                                                                                          |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                    |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD <input type="checkbox"/> Delete            | TITLE                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GANGER, ROBERT                                | NAME                                                                               |                                                                                                                          |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1443 N. OCEAN BOULEVARD                       | STREET ADDRESS                                                                     |                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GULF STREAM FL 33483                          | CITY-ST-ZIP                                                                        |                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD <input type="checkbox"/> Delete            | TITLE                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WHITTAKER, BARBARA                            | NAME                                                                               |                                                                                                                          |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1120 N. OCEAN BOULEVARD                       | STREET ADDRESS                                                                     |                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GULF STREAM FL 33483                          | CITY-ST-ZIP                                                                        |                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD <input type="checkbox"/> Delete            | TITLE                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SMITH, BETTINA F                              | NAME                                                                               |                                                                                                                          |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1122 N. OCEAN BOULEVARD                       | STREET ADDRESS                                                                     |                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GULF STREAM FL 33483                          | CITY-ST-ZIP                                                                        |                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD <input checked="" type="checkbox"/> Delete | TITLE                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COOKE, ELIZABETH D                            | NAME                                                                               |                                                                                                                          |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4240 N. COUNTY ROAD                           | STREET ADDRESS                                                                     |                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GULF STREAM FL 33483                          | CITY-ST-ZIP                                                                        |                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD <input type="checkbox"/> Delete            | TITLE                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Wilson Anthony                                | NAME                                                                               |                                                                                                                          |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3930 Gulf Stream Road                         | STREET ADDRESS                                                                     |                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GULF STREAM, FL 33483                         | CITY-ST-ZIP                                                                        |                                                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete               | TITLE                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | NAME                                                                               |                                                                                                                          |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               | STREET ADDRESS                                                                     |                                                                                                                          |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               | 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)(b), 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: <b>Robert W. Ganger</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                                                    |                                                                                                                          | DATE: <b>2/08/05</b>                                                              |  |
| Signature typed or printed name of signing officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                               |                                                                                    |                                                                                                                          | Date                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                    |                                                                                                                          | 561-278-7475                                                                      |  |

**40029086**



1st MOORE CR2E037 (10/04)

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  
9926A WATERMILL CIRCLE  
BOYNTON BEACH FL 33437

Name KATHERINE FAZO  
Street Address (P.O. Box Number is Not Acceptable)  
1118 Harbor Drive  
Delray Beach  
City FL 33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert W. Ganger - President

2/08/05

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                               |
|----------------|-----------------------------------------------|
| TITLE          | PD <input type="checkbox"/> Delete            |
| NAME           | GANGER, ROBERT                                |
| STREET ADDRESS | 1443 N. OCEAN BOULEVARD                       |
| CITY-ST-ZIP    | GULF STREAM FL 33483                          |
| TITLE          | VD <input type="checkbox"/> Delete            |
| NAME           | WHITTAKER, BARBARA                            |
| STREET ADDRESS | 1120 N. OCEAN BOULEVARD                       |
| CITY-ST-ZIP    | GULF STREAM FL 33483                          |
| TITLE          | SD <input type="checkbox"/> Delete            |
| NAME           | SMITH, BETTINA F                              |
| STREET ADDRESS | 1122 N. OCEAN BOULEVARD                       |
| CITY-ST-ZIP    | GULF STREAM FL 33483                          |
| TITLE          | TD <input checked="" type="checkbox"/> Delete |
| NAME           | COOKE, ELIZABETH D                            |
| STREET ADDRESS | 4240 N. COUNTY ROAD                           |
| CITY-ST-ZIP    | GULF STREAM FL 33483                          |
| TITLE          | TD <input type="checkbox"/> Delete            |
| NAME           | Wilson Anthony                                |
| STREET ADDRESS | 3930 Gulf Stream Road                         |
| CITY-ST-ZIP    | GULF STREAM, FL 33483                         |
| TITLE          | <input type="checkbox"/> Delete               |
| NAME           |                                               |
| STREET ADDRESS |                                               |
| CITY-ST-ZIP    |                                               |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |

pd. 3/3/05  
ck # 2016

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Robert W. Ganger

2/08/05

561-278-7475

Signature typed or printed name of signing officer or director

Date

Over the Phone