2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736518

FILED Mar 20, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

100 SEA ROAD

GULF STREAM, FL 334837355 US

Current Mailing Address: New Mailing Address:

777 E ATLANTIC AVE BOX C2-309

DELRAY BEACH, FL 33483 US

FEI Number: 59-1612960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FAZO, KATHERINE

1118 HARBOR DR

777 E. ATLANTIC AVENUE

POY C2 309

DELRAY BEACH, FL 33483 US BOX C2 - 309
DELRAY BEACH, FL 33483 US

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: ROBERT W. GANGER 03/20/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ()Delete Title: ()Change ()Addition

 Name:
 GANGER, ROBERT
 Name:

 Address:
 1443 N. OCEAN BOULEVARD
 Address:

 City-St-Zip:
 GULF STREAM, FL 33483
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

Name: WHITTAKER, BARBARA Name: SHERER, ELISE

Address: 1120 N. OCEAN BOULEVARD Address: 1111 N. OCEAN BOULEVARD
City-St-Zip: GULF STREAM, FL 33483 City-St-Zip: GULF STREAM, FL 33483

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 SMITH, BETTINA F
 Name:
 MULRY, MARGARET

 Address:
 1122 N. OCEAN BOULEVARD
 Address:
 2727 N. OCEAN BOULEVARD

 City-St-Zip:
 GULF STREAM, FL 33483
 City-St-Zip:
 GULF STREAM, FL 33483

Title: TD () Delete Title: () Change () Addition

 Name:
 WILSON, ANTHONY
 Name:

 Address:
 2930 GULF STREAM RD
 Address:

 City-St-Zip:
 GULF STREAM, FL 33483
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT W. GANGER PD 03/20/2006