2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# 736518

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:

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: _____

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 05/01/2003

Electronic Signature of Signing Officer or Director — Date