

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752265

1. Corporation Name

GULFSTREAM VIEW CONDOMINIUM, INC.

Principal Place of Business

400 SE 3RD AVENUE
UNIT # 105
HALLANDALE FL 33009

Mailing Address

400 SE 3RD AVENUE
UNIT # 105
HALLANDALE FL 33009

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 049 ****61.25

600226-90008-49



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

04/30/1980

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-2064227

Applied For

☒ Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24

25

Zip Country

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MOISEL ARNOLD J.~~
400 SE 3RD AVE. #105
HALLANDALE FL 33009

81 Name ELEANOR ROTH

82 Street Address (P.O. Box Number is Not Acceptable)

400 SE 3RD AVE #105

83

84 City

HALLANDALE

FL

85

Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Eleanor Roth Secy-Treas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME ROTH, ELEANOR
STREET ADDRESS 400 SE 3RD AVE UNIT 105
CITY-ST-ZIP HALLANDALE, FL 00000

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME CARLSON, FRANK
STREET ADDRESS 400 SE 3RD AVE UNIT 208
CITY-ST-ZIP HALLANDALE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME CHAMPAGNE, ANDRE
STREET ADDRESS 140 ANNIE
CITY-ST-ZIP LAVALTRIE-QUEBEC J0K1H0 FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor Roth 8/2/99 954 458-1857

Date

Daytime Phone #

CR2E037 (5/99)