

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:43

DOCUMENT # 753012 (4)

1. Corporation Name

GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATIO
N, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15 S. GOLFVIEW RD. LAKE WORTH FL 33460 US	15 S. GOLFVIEW RD. LAKE WORTH FL 33460 US

3. Date Incorporated or Qualified	3a. Date of Last Report
06/18/1980	06/20/1994
4. FEI Number	Applied For
59-1974248	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

MARSH, LOUISE
31 S. GOLFVIEW RD.
APT. H-2
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 FL

86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	TEBBE, JAMES
STREET ADDRESS	15 S GOLFVIEW RD APT #402
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	WELLS, ROBERT
STREET ADDRESS	31 S. GOLFVIEW RD, H-13
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	MARSH, LOUIS
STREET ADDRESS	31 S GOLFVIEW RD.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	SOLER, LUIS GONALEZ
STREET ADDRESS	15 S GOLFVIEW RD #302
CITY - ST - ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	V-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ROSANNA MALAKATES
43 STREET ADDRESS	101 S. LAKESIDE DR
44 CITY - ST - ZIP	LAKE WORTH, FL 33460
51 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CHARLES CORDLE
53 STREET ADDRESS	224 DARTMOUTH DR
54 CITY - ST - ZIP	LAKE WORTH, FL 33460
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Robert W. Wells Robert W. Wells 4/3/95 585-2672
(Signature) (Print Name)