


FILE NOW: FILING FEE IS \$61.25

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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753012 (4)
1. Corporation Name
GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O COMPLETE PROPERTY MANAGEMENT 4239 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 US	Mailing Address C/O COMPLETE PROPERTY MANAGEMENT 4239 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410 US
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3. Date Incorporated or Qualified 06/18/1980		
4. FEI Number 59-1974248	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**CROSSEN, JOE
C/O COMPLETE PROPERTY MANAGEMENT
4239 NORTHLAKE BLVD., SUITE D
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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: *Kelley Hughes, Office Manager* DATE: **3/18/98**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TEBBE, JAMES	
STREET ADDRESS	15 S GOLFVIEW RD APT #402	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELLS, ROBERT	
STREET ADDRESS	31 S. GOLFVIEW RD, H-13	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STAHL, EDNA	
STREET ADDRESS	15 S. GOLFVIEW RD., APT. #T703	
CITY-ST-ZIP	LAKE WORTH FL 33480	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CORDLE, CHARLES	
STREET ADDRESS	1515 S. FLAGLER DR., APT. 1001	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D KASPER, Jonas
5.3 STREET ADDRESS	31 S. Golfview Rd. H-2
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33460
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *James Tebbe* DATE: **3/24/98** (Seal No 278)

CFR2E037 (10/97)