

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753012

1. Entity Name

GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATIO

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90024 012 ****61.25



DO NOT WRITE IN THIS SPACE

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 33410-6234 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1974248** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE: VD <input type="checkbox"/> Delete NAME: TEBBE, JAMES STREET ADDRESS: 15 S GOLFVIEW RD APT #402 CITY-ST-ZIP: LAKE WORTH FL	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: P <input type="checkbox"/> Delete NAME: WELLS, ROBERT STREET ADDRESS: 31 S. GOLFVIEW RD, H-13 CITY-ST-ZIP: LAKE WORTH FL	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: TD <input type="checkbox"/> Delete NAME: STAHL, EDNA STREET ADDRESS: 15 S. GOLFVIEW RD., APT. #T703 CITY-ST-ZIP: LAKE WORTH FL 33460	TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: VD <input type="checkbox"/> Delete NAME: KASPER, JONAS STREET ADDRESS: 31 S GOLFVIEW RD H 2 CITY-ST-ZIP: LAKE WORTH FL 33460	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: S <input checked="" type="checkbox"/> Delete NAME: MITCHELL, MAY STREET ADDRESS: 101 S. GOLFVIEW RD. #5-11 CITY-ST-ZIP: LAKE WORTH FL 33460	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Robert Slater STREET ADDRESS: 214 Brazilian Avenue, #221 CITY-ST-ZIP: Palm Beach, FL 33480

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00
 Date

Day/mo Phone #

CR2E037 (9/99)