

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90198 044 \*\*\*\*61.25

0050362

**DOCUMENT # 753012**

1. Entity Name

**GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATIO**

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-1974248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>TEBBE, JAMES</b>
STREET ADDRESS	<b>15 S GOLFVIEW RD APT #402</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>WELLS, ROBERT</b>
STREET ADDRESS	<b>31 S. GOLFVIEW RD, H-13</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>STAHL, EDNA</b>
STREET ADDRESS	<b>15 S. GOLFVIEW RD., APT. #T703</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>KASPER, JONAS</b>
STREET ADDRESS	<b>31 S GOLFVIEW RD H 2</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>SLATER, ROBERT</b>
STREET ADDRESS	<b>214 BRAZILIAN AVENUE #221</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/00)

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 REQUIRED**