

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90166 037 ****61.25

DOCUMENT # 753012

1. Entity Name

**GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATIO
 N, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1974248

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

~~6. Name and Address of Current Registered Agent~~

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ROSSEN, JOE
10 COMPLETE PROPERTY MANAGEMENT
4239 NORTHLAKE BLVD., SUITE D
PALM BEACH GARDENS FL 33410

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P** Delete
 NAME **TEBBE, JAMES #T701**
 STREET ADDRESS **15 S GOLFVIEW RD APT #402**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **WELLS, ROBERT**
 STREET ADDRESS **31 S. GOLFVIEW RD. #113 #T601**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **STAHL, EDNA**
 STREET ADDRESS **15 S. GOLFVIEW RD., APT. #T703**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
 NAME **ROBERT BRYSON, D**
 STREET ADDRESS **1428 North Lakeside Drive**
 CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE **VD** Delete
 NAME **KASPER, JONAS**
 STREET ADDRESS **31 S GOLFVIEW RD H 2**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SLATER, ROBERT**
 STREET ADDRESS **214 BRAZILIAN AVENUE #221**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Jonas Kasper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Jonas Kasper Vice President*

Date *4/11/02*

Daytime Phone # *626-2778*

CR2E037 (9/01)