## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

				<b>—</b> 04-1	1 <i>6-</i> 2004 90110 006	· *******61.	.43
DOCUMENT # 753012  1. Entity 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 4239 NORTHLAKE BLVD., PALM BEACH GARDENS, FL			)., SUITE D	) 			TERN ET AFRIT
Principal Place of Business     3. Ma		3. Mailing Address	ailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E037	(10/03)	
City & State		City & State	City & State			<del></del>	plied For t Applicable.
Zip	Country	Zip	Country	5. Certificate of State		8.75 Addi e Required	
	6. Name and Address of Current I	Registered Agent		7, Name and Addre	ss of New Registered Ag	ent	
CROSSEN, JOE C/O COMPLETE PROPERTY MANAGEMENT 4239 NORTHLAKE BLVD., SUITE D			Name	<del> </del>			
			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS, FL 33410			City			Tip Code	, ,
					FL	Zip Code	'
the obligat	named entity submits this statement for lions of registered agent.	the purpose of changing its	egistered office or reg	gistered agent, or both, in th	e State of Florida. I am far	miliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent s	and title if applicable. (NOTE	Registered Agent signature re	equired when reinstating)	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	<del></del>	paign Financing	\$5.00 May Be Added to Fees	Make check p Florida Departm		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Make check p	ent of Sta	ate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  TEBBE, JAMES 15 S GOLFVIEW RD. APT. T701	9. Election Cam Trust Fund C	paign Financing ontribution.   11.  ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check p Florida Departm TO OFFICERS AND DIRE	ent of Sta	ate
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12. I hereby certify that the information supplied with this filing does not quality 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.