


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-16-2004 90110 006 \*\*\*\*61.25

|   |                             |   |   |   |                                   |
|---|-----------------------------|---|---|---|-----------------------------------|
| <b>DOCUMENT # 753012</b>  |                             |   |   |  |                                   |
| 1. Entity Name<br>GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.   |                             |   |   |   |                                   |
| Principal Place of Business<br>C/O COMPLETE PROPERTY MANAGEMENT<br>4239 NORTHLAKE BLVD., SUITE D<br>PALM BEACH GARDENS, FL 33410 US   |                             | Mailing Address<br>C/O COMPLETE PROPERTY MANAGEMENT<br>4239 NORTHLAKE BLVD., SUITE D<br>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   | 04072004 Chg-NP CR2E037 (10/03)   |                                   |
| 4. FEI Number<br>59-1974248   |                             |   |   | Applied For<br>Not Applicable.  |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                             |   |   | \$8.75 Additional Fee Required  |                                   |
| 6. Name and Address of Current Registered Agent   |                             |   | 7. Name and Address of New Registered Agent                                       |   |                                   |
| CROSSEN, JOE<br>C/O COMPLETE PROPERTY MANAGEMENT<br>4239 NORTHLAKE BLVD., SUITE D<br>PALM BEACH GARDENS, FL 33410   |                             |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.   |                             |   |   |   |                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                             |   |   |   |                                   |
| Filing Fee is \$61.25 Due by May 1, 2004  |                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |   | \$5.00 May Be Added to Fees   |                                   |
| Make check payable to Florida Department of State   |                             |   |   |   |                                   |
| 10. OFFICERS AND DIRECTORS  |                             |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |   |                                   |
| TITLE   | VP/D                        | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | TEBBE, JAMES                |   | NAME  |   |                                   |
| STREET ADDRESS  | 15 S GOLFVIEW RD. APT. T701 |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | LAKE WORTH, FL 33460        |   | CITY-ST-ZIP   |   |                                   |
| TITLE   | VP                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | FINNEGAN, JOAN              |   | NAME  |   |                                   |
| STREET ADDRESS  | 15 SOUTH GOLFVIEW RD #206   |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | LAKE WORTH, FL 33460        |   | CITY-ST-ZIP   |   |                                   |
| TITLE   | D/P                         | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BRYSON, ROBERT D            |   | NAME  |   |                                   |
| STREET ADDRESS  | 1428 NORTH LAKESIDE DR.     |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | LAKE WORTH, FL 33460        |   | CITY-ST-ZIP   |   |                                   |
| TITLE   | D                           | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | LEWIS, SUZANNE              |   | NAME  | T/D   |                                   |
| STREET ADDRESS  | 1015 NORTH 'O' STREET       |   | STREET ADDRESS  | Leslie Fair   |                                   |
| CITY-ST-ZIP   | LAKE WORTH, FL 33460        |   | CITY-ST-ZIP   | 156 Worth Ct. North   |                                   |
|   |                             |   |   | West Palm Beach, FL 33405   |                                   |
| TITLE   | TD                          | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | SLATER, ROBERT              |   | NAME  |   |                                   |
| STREET ADDRESS  | 214 BRAZILIAN AVENUE #221   |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | PALM BEACH, FL 33480        |   | CITY-ST-ZIP   |   |                                   |
| TITLE   | SD                          | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | John Morrissey              |   | NAME  |   |                                   |
| STREET ADDRESS  | 15 S. Golfview #205         |   | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP   | LAKE WORTH FL 33460         |   | 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: X Joan Finnegan  |                             |   | 4/13/04 3d-626-2778   |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                             |   | Date Daytime Phone #  |   |                                   |