

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90247 038 \*\*\*\*61.25

<b>DOCUMENT # 753012</b>	
1. Entity Name <b>GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.</b>	

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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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>3307 Northlake Blvd.</i> <i>SUITE 107</i> City & State <i>Palm Bch Gardens, FL</i> Zip <i>33403</i> Country <i>USA</i>
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1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>CROSSEN, JOE</b> C/O COMPLETE PROPERTY MANAGEMENT 4239 NORTHLAKE BLVD., SUITE D PALM BEACH GARDENS FL 33410	
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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

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3307 Northlake Blvd, SUITE 107</i> City <i>Palm Bch Gardens</i> FL Zip Code <i>33403</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reelecting)</small>	DATE _____
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>Make Check Payable to Florida Department of State</b>	

10. OFFICERS AND DIRECTORS	
TITLE <del>VP/D</del> <b>P/D</b>	<input type="checkbox"/> Delete
NAME <b>TEBBE, JAMES</b>	
STREET ADDRESS <b>15 S GOLFVIEW RD. APT. T701</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BRYSON, ROBERT D</b>	
STREET ADDRESS <b>1428 NORTH LAKESIDE DR.</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>FAIN, LESLIE</b>	
STREET ADDRESS <b>156 NORTH CT. NORTH</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33405</b>	
TITLE <del>VP/D</del> <b>VP/D</b>	<input type="checkbox"/> Delete
NAME <b>MORRISEY, JOHN</b>	
STREET ADDRESS <b>15 S. GOLFVIEW #205</b>	
CITY-ST-ZIP <b>LAKE WORTH FL 33460</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME <b>CORDLE, CHARLES</b>	
STREET ADDRESS <b>2400 PRESIDENTIAL WAY #19</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>VP/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONAS KASPER</b>	
STREET ADDRESS <b>31 S. Golfview H2</b>	
CITY-ST-ZIP <b>LAKE WORTH, FL 33460</b>	
TITLE <b>T/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERT WELLS</b>	
STREET ADDRESS <b>15 S. Golfview # T601</b>	
CITY-ST-ZIP <b>LAKE WORTH, FL 33460</b>	
TITLE <b>S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Charles Celi</b>	
STREET ADDRESS <b>4571 Boatman St.</b>	
CITY-ST-ZIP <b>LAKE WORTH, FL 33460</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Robert Wells* **4/25/06** **561-581-2670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR