


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 025 ****61.25

DOCUMENT # 753012

1. Entity Name
GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~C/O COMPLETE PROPERTY MANAGEMENT~~ ~~3307 NORTHLAKE BLVD STE 107~~
~~4239 NORTHLAKE BLVD., SUITE D~~ ~~WEST PALM BEACH, FL 33403 US~~
~~PALM BEACH GARDENS, FL 33410 US~~

40047852



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. *Complete Prop. Mgmt.*
 Suite, Apt. #, etc. *3307 Northlake Blvd #107*

03272007 Chg-NP CR2E037 (12/06)

City & State City & State
Lake Worth FL *Palm Beach Gardens FL*

4. FEI Number Applied For
59-1974248 Not Applicable

Zip Country Zip Country
33461 *USA* *33403* *USA*

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CROSSEN, JOE
3307 NORTHLAKE BLVD STE 107
WEST PALM BEACH, FL 33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	TEBBE, JAMES	
STREET ADDRESS	15 S GOLFVIEW RD. APT. T701	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KASPER, JONAS	
STREET ADDRESS	315 S GOLFVIEW DR	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELLS, ROBERT	
STREET ADDRESS	15 S GOLFVIEW T601	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CELI, CHARLES	
STREET ADDRESS	4571 BOATMAN ST	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 W. Wells* Date: *3/29/07* Daytime Phone: *5...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR