


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90231 028 ****61.25

DOCUMENT # 753012					
1. Entity Name GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15 S GOLVIEW LAKE WORTH, FL 33461 US		Mailing Address C/O COMPLETE PROPERTY MANAGEMENT 3307 NORTHLAKE BLVD #107 PALM BEACH GARDENS, FL 33403 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1974248	
Zip		Zip		Country	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 Now 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEBBE, JAMES		NAME	John Morrissey	
STREET ADDRESS	15 S GOLFVIEW RD. APT. T701		STREET ADDRESS	15 So. Golfview #205	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASPER, JONAS		NAME	SHARON STEWIS	
STREET ADDRESS	315 S GOLFVIEW DR		STREET ADDRESS	15 So. Golfview, T706	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D IS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLS, ROBERT		NAME	GARE FRAMONT	
STREET ADDRESS	15 S GOLFVIEW T601		STREET ADDRESS	14306 South Park Blvd.	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	SILVER HIGHTS, OH 44120	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELI, CHARLES		NAME		
STREET ADDRESS	4571 BOATMAN ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>James Tebbe, Pres</i>		Date: <i>4/29/08</i>		Daytime Phone #: <i>561-626-2778</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	