

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# 753012

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

Current Principal Place of Business:

15 S GOLVIEW
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

C/O COMPLETE PROPERTY MANAGEMENT
3307 NORTHLAKE BLVD #107
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

FEI Number: 59-1974248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSEN, JOE
3307 NORTHLAKE BLVD STE 107
WEST PALM BEACH, FL 33403 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TEBBE, JAMES
Address: 15 S GOLVIEW RD. APT. T701
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: WELLS, ROBERT
Address: 15 S GOLVIEW T601
City-St-Zip: LAKE WORTH, FL 33460

Title: D/S () Delete
Name: FLAMONT, GAZE
Address: 14306 S PARK BLVD
City-St-Zip: CLEVELAND, OH 44120

Title: D () Delete
Name: MONNISEY, JOHN
Address: 15 S GOLVIEW, STE 205
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: STEVENS, SHARON
Address: 15 S GOLVIEW T706
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/S (X) Change () Addition
Name: FLAMENT, GALE
Address: 14306 S PARK BLVD
City-St-Zip: CLEVELAND, OH 44120

Title: D (X) Change () Addition
Name: MORRISEY, JOHN
Address: 15 S GOLVIEW, STE 205
City-St-Zip: LAKE WORTH, FL 33460

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES TEBBE

Electronic Signature of Signing Officer or Director

PRES

04/14/2009

Date