

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90078 050 \*\*\*\*61.25

DOCUMENT # **753012**

1. Entity Name

**GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.**



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**

**11007901**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1974248**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSSEN, JOE  
C/O COMPLETE PROPERTY MANAGEMENT  
4239 NORTHLAKE BLVD., SUITE D  
PALM BEACH GARDENS FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<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>VP/D.</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELLS, ROBERT</b>	
STREET ADDRESS	<b>15 S GOLFVIEW RE T601</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>D</b>	<input 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>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KASPER, JONAS</b>	
STREET ADDRESS	<b>31 S GOLFVIEW RD H 2</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33480</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SLATER, ROBERT</b>	
STREET ADDRESS	<b>214 BRAZILIAN AVENUE #221</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President/Dia</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Finnegan, Joan</b>	
STREET ADDRESS	<b>15 South Golfview Rd, #206</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		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lewis, Suzanne</b>	
STREET ADDRESS	<b>1015 North "O" Street</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 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: **Joan Finnegan**

4/14/03 **Joan Finnegan**

CR2E037 (10/02)