FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765058** **(3)**

1. Corporation Name

GULFSTREAM MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3001 N. OCEAN BLVD. GULFSTREAM FL 33483	12995 CLEVELAND AVE. SUITE 164 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1982**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2132073** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RDI RESORT SERVICES, INC
DONNA SAGE
12995 CLEVELAND AVE. SUITE 164
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V•	1.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, JOHN•	1.2 NAME		
STREET ADDRESS	120 W MINNEHAHA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP		
TITLE	D•	2.1 TITLE		☒ Change ☐ Addition
NAME	SULLIVAN, PATRICIA	2.2 NAME		
STREET ADDRESS	12226 FOREST GREEN DR.	2.3 STREET ADDRESS	450 ZELDA BLVD	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	2.4 CITY-ST-ZIP	DAYTON BEACH, FL 32118	
TITLE	ST•	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIGHTWELL, SHIRLEY•	3.2 NAME		
STREET ADDRESS	5765 STRAWBERRY LAKES CR	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	P•	4.1 TITLE		☒ Change ☐ Addition
NAME	PETERS, H. DUKE	4.2 NAME	9676 HEATHER CIR WEST	
STREET ADDRESS	4653 WADITA-KA WAY	4.3 STREET ADDRESS	PALM BEACH GARDENS, FL 33410	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D•	5.1 TITLE		☐ Change ☐ Addition
NAME	KEIM, JEFFERY•	5.2 NAME		
STREET ADDRESS	12995 CLEVELAND AVE 164	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP		
TITLE	D•	6.1 TITLE		☐ Change ☐ Addition
NAME	O'NEILL, DENNIS•	6.2 NAME		
STREET ADDRESS	8947 PRIVATE DR. A.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ONSTED MI 49265	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jeffery J. Keim April 17, 95 936-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #