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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

765058

(3)

GULFSTREAM MANOR CONDOMINIUM ASSOCIATION, INC.

FILED Apr 26 1996 8:00 am Secretary of State

Bilbi Billi Dulu		

Principal Place o						<u>işi əbəri ənəri diləşi</u>	
	of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3901 N. OCEAN	N BLVD.	12995 CLEVELAND AVE	E.				
GULFSTREAM (SUITE 164				_	
		FT MYERS FL 33907			3. Date Incorporated or Qualified 10/27/1982	3a. Date of 04/2	Last Report 2 0/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2132073		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	_ \$	5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zφ	Coul	ntry	B. This corporation has liability for in	tangible tax unc	der s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agen	11
			İ	81 Name			
	ORT SERVICES, INC			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
DONNA 9 12995 CL	SAGE LEVELAND AVE. SUITE 164			83			
	S FL 33907			84 City		FL 85	Zip Code
							a its registered office
or registere familiar with	o the provisions of Sections 617.0502 and agent, or both, in the State of Flori in, and accept the obligations of, Sect			corporation's b	oration submits this statement for the purp pard of directors. I hereby accept the appoint	intment as regis	stered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	it and little if applicable (N	OTE: Registered	Agent signature req	irad when reinstating)	DATE	
	OFFICERS AN	ID DIDECTODS	4.0			OF DOMESTIC	ECTORS IN 12
12.	OF FIGURE AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
12. TITLE	V	DELETE	1.1 1	īLE	ADDITIONS/CHANGES TO OFFIC	XX Cri	
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TITLE			1.1 TI 1.2 N				
TITLE NAME STREET ADDRESS	V Riley, John 120 w Minnelaha ave		1.1 TI 1.2 N 13 S	AME .	CLERMONT, FL 34711	X Cri	nange
TITLE NAME	V RILEY, JOHN		1.1 TI 1.2 N 13 S	AME TREET ADDRESS HTY-ST-ZIP			nange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RILEY, JOHN 120 W MINNELAHA AVE CLERMONT FL	DELETÉ	1.1 TI 1.2 N 13 S 14 C	AME TREET ADDRESS ITY-ST-ZIP		X Cri	nange
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V RILEY, JOHN 120 W MINNELAHA AVE CLERMONT FL D SULLIVAN, PATRICIA	DELETÉ	1.1 II 1.2 N 13 S 14 C 21 TI 22 N 23 S 24 G	AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS CITY-ST-ZIP ITLE	CLERMONT, FL 34711	XX Cr	nange Addition
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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 AME OF SIGNING OFFICER OR DIRECTOR

4/19/96

(941)936-5800

Daytime Phone A