FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation		\					
GULFS	STREAM MANOR CONDOMI	NIUM ASSOCIATION,	INC.				
Principal Place of Business Mailing Address		Mailing Address				ALL BIBLI BIDIL BIBLI BIBLI I	TABLI MINIT TON
3901 N. OCEAN BLVD. GULFSTREAM FL 33483		12995 CLEVELAND AVE. Suite 164 Ft Myers Fl 33907			3. Date Incorporated or Qualified 10/27/1982		
l		FI WIENS FL 3330/			4. FEI Number	A	pplied For
6					<u>59-2132073</u>		lot Applicable
2. Principal P	lace of Business	2a. Malling Address			5. Certificate of Status Desired		Additional Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	
22		27		Trust Fund Contribution	Added		
City & State		City & State			7. Is this nonprofit corporation a homeowners association? X Yes No		
Zip	Country 25	Zip 29	Country 30		This corporation owes or has pair Personal Property Tax due June	~ ~ ` •	ntangible
	9. Name and Address of Curren				10. Name and Address of New Rec		
		-	81 Nar	me			
RDI RESORT SERVICES, INC DONNA SAGE			82 Stre	aet Addre	ess (P.O. Box Number is Not Acceptable	le)	/
12995 CLEVELAND AVE. SUITE 164			83				
FT MYERS FL 33907			84 City	84 City FL 85 Zip			Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	les, the above-name	ned corpo	oration submits this statement for the proofs board of directors. I hereby accep	urpose of changing	its registered
agent la	m familiar with, and accept the obligi	ations of, Section 617.0503, Fi	orida Statutes.	Dorporatio	and board or directors. Frioreby accep	t the appointment as	, registered
SIGNATURE .						DATE	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS		TE: Registered Agent sign	ature require	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	V	DELETE	1.1 TITLE			Change	Addition
NAME	RILEY, JOHN		1.2 NAME				
STREET ADDRESS	120 W. MINNEHAHA AVENUE	•	1,3 STREET ADDRE	:ss			
CITY-S1-ZIP	CLERMONT FL	The state	1,4 CITY - ST - ZIP	CT	ERMONT, FL 34711		1 44 197
TITLE	D DATES	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SULLIVAN, PATRICIA		2.2 NAME	}			
STREET ADDRESS	2290 BOYLSTON AVE DAYTON BEACH FL		2.3 STREET ADDRE	.ss			
CITY-ST-ZIP TITLE	ST	DELETE	2. 4 CITY-ST-ZIP	 		K. Change	Addition
NAME	BRIGHTWELL, SHIRLEY		3.2 NAME				
STREET ADDRESS	5765 STRAWBERRY LAKES (æ	3.3 STREET ADORE	:ss			
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		KE WORTH, FL _33463	-6505	
TITLE	P	DELETE	4.1 TITLE			K Change	Addition
NAME	Peters, H. Duke		4. 2 NAME				
STREET ADDRESS	9676 HEATHER CIR WEST		4.3 STREET ADDRE	:ss			
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	PA	ALM BEACH GARDENS, FL	33410 k X Change	
TITLE	D	☐ DELETE	5.1 TITLE		, , , , , , , , , , , , , , , , , , ,	Change	☐ Addition
NAME	KEIM, JEFFERY		5.2 NAME				
STREET ADDRESS	12995 CLEVELAND AVE 164		5.3 STREET ADDRE				
CITY-ST-ZIP	FT. MYERS FL	Tell perese	5.4 CITY-ST-ZIP		MYERS, FL 33907		[V] + 2 100
TITLE	D DEALTH	X DELETE	6.1 TITLE	D		Change	X Addition
NAME	O'NEILL, DENNIS		6.2 NAME		EELER, GERALD		
STREET ADDRESS	8947 PRIVATE DR. A.		6.3 STREET ADDRE	^{ss} 521	18 SOUTH HAMPTON DR.		

14. 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 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 man attachment with an address.

SIGNATURE:

FILED

Mar 24 1998 8:00am

Secretary of State