

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 19, 1999 8:00 am**  
**Secretary of State**

03-19-1999 90010 025 \*\*\*\*\*8.75  
03-19-1999 90010 026 \*\*\*\*\*61.25

**DOCUMENT # 765058**

1. Corporation Name

**GULFSTREAM MANOR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3901 N. OCEAN BLVD.  
GULFSTREAM FL 33483

Mailing Address

12995 CLEVELAND AVE.  
SUITE 164  
FT MYERS FL 33907



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/27/1982

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
RILEY, JOHN  
STREET ADDRESS  
120 W. MINNEHAHA AVENUE  
CITY-ST-ZIP  
CLERMONT FL 34711

TITLE ☐ DELETE

NAME  
SULLIVAN, PATRICIA  
STREET ADDRESS  
2290 BOYLSTON AVE  
CITY-ST-ZIP  
DAYTON BEACH FL

TITLE ☐ DELETE

NAME  
BRIGHTWELL, SHIRLEY  
STREET ADDRESS  
5765 STRAWBERRY LAKES CR  
CITY-ST-ZIP  
LAKE WORTH FL 33463

TITLE ☐ DELETE

NAME  
PETERS, H. DUKE  
STREET ADDRESS  
9676 HEATHER CIR WEST  
CITY-ST-ZIP  
PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME  
KEIM, JEFFERY  
STREET ADDRESS  
12995 CLEVELAND AVE 164  
CITY-ST-ZIP  
FT. MYERS FL 33907

TITLE ☐ DELETE

NAME  
WHEELER, GERALD  
STREET ADDRESS  
5218 SOUTH HAMPTON DR.  
CITY-ST-ZIP  
SPRINGFIELD VA 22151

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037-11/98