

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765058

1. Entity Name

GULFSTREAM MANOR CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90126 044 ****61.25

Principal Place of Business

3901 N. OCEAN BLVD.
GULFSTREAM FL 33483

Mailing Address

12995 CLEVELAND AVE.
SUITE 164
FT MYERS FL 33907-3875

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2132073

Applied For

Not Applicable

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

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

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, PATRICIA	
STREET ADDRESS	2290 BOYLSTON AVE	
CITY-ST-ZIP	DAYTON BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRIGHTWELL, SHIRLEY	
STREET ADDRESS	5765 STRAWBERRY LAKES CR	
CITY-ST-ZIP	LAKE WORTH FL 33483	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETERS, H. DUKE	
STREET ADDRESS	9676 HEATHER CIR WEST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEIM, JEFFERY	
STREET ADDRESS	12995 CLEVELAND AVE 164	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, GERALD	
STREET ADDRESS	5218 SOUTH HAMPTON DR.	
CITY-ST-ZIP	SPRINGFIELD VA 22151	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)