

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90156 005 \*\*\*\*61.25

**DOCUMENT # 765058**

1. Entity Name  
**GULFSTREAM MANOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3901 N. OCEAN BLVD.  
GULFSTREAM, FL 33483**

Mailing Address  
**4960 CONFERENCE WAY NORTH, STE. 100  
BOCA RATON, FL 33431 US**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-NP CR2E037 (11/05)

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**

**BLUEGREEN RESORTS MANAGEMENT, INC  
C/O PATRICIA LEHR  
4960 CONFERENCE WAY NORTH, STE. 100  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, PATRICIA 4635 NW 44TH CT TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, H. DUKE 9676 HEATHER CIR WEST PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHEELER, GERALD 5218 SOUTH HAMPTON DR. SPRINGFIELD, VA 22151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, ED 1631 EMERALD COVE DR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIRINGER, LINDA 6151 NW 4TH AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELFORD, TONY 7377 TRESSCOTT DR LAKE WORTH, FL 33467

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*H. Duke Peters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/06* *5616261460*  
Date Daytime Phone