

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

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**



03272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

UD0000932148
05/22/08-80043-018.70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-912-8129