

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765058

FILED
Apr 28, 2009
Secretary of State

Entity Name: GULFSTREAM MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3901 N. OCEAN BLVD.
GULFSTREAM, FL 33483

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2132073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SULLIVAN, PATRICIA
Address: 4635 NW 44TH CT
City-St-Zip: TAMARAC, FL 33319

Title: P () Delete
Name: PETERS, H. DUKE
Address: 9676 HEATHER CIR WEST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: WHEELER, GERALD
Address: 5218 SOUTH HAMPTON DR.
City-St-Zip: SPRINGFIELD, VA 22151

Title: STD () Delete
Name: JOHNSON, ED
Address: 1631 EMERALD COVE DR
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: WIRINGER, LINDA
Address: 6151 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: BELFORD, TONY
Address: 7377 TRECOTT DR
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST/D (X) Change () Addition
Name: FINSTROM, DAVID
Address: P.O. BOX 204
City-St-Zip: CADILLAC, MI 49601

Title: P/D (X) Change () Addition
Name: JOHNSON, ED
Address: 1631 EMERALD COVE DR
City-St-Zip: CAPE CORAL, FL 33991

Title: VP/D (X) Change () Addition
Name: WIRINGER, LINDA
Address: 6151 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: DEYOUNG, RONALD
Address: PO BOX 1048
City-St-Zip: INDIAN RIVER, MI 49749

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED JOHNSON

P/D

04/28/2009

Electronic Signature of Signing Officer or Director

Date