

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 768808

1. Entity Name
**GASLIGHT BUSINESS PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1937 10TH AVENUE NORTH
LAKE WORTH, FL 33461 US**

Mailing Address
**6638 NEWPORT LAKE CIRCLE
BOCA RATON, FL 33496**

DO NOT WRITE IN THIS SPACE



04012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2297929

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAUFFER, LARRY
6638 NEWPORT LAKE CIRCLE
BOCA RATON, FL 33496**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCHMIDT, JUERGEN
STREET ADDRESS	1949 10TH AVE NORTH
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	PD
NAME	STAUFFER, LARRY
STREET ADDRESS	6638 NEWPORT LAKE CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	SD
NAME	BLUMEL, GEORGE
STREET ADDRESS	316 N. COUNTRY CLUB DR.
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000312173
04/18/05-80072-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/15/05 561-988-1532
Date Daytime Phone #