


FILED
Apr 09, 2007 8:00 am
Secretary of State

40053353

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|--|--|--|---|--|--|----------------------------|--|
| DOCUMENT # 768808 | | | |  | | 04-03-2007 90000 024 01:23 | |
| 1. Entity Name GASLIGHT BUSINESS PARK CONDOMINIUM ASSOCIATION, INC. | | | | | | | |
| Principal Place of Business 1937 10TH AVENUE NORTH LAKE WORTH, FL 33461 US | | | | Mailing Address 3169 SW RIVERS END WY PALM CITY, FL 34990 | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 59-2297929 | | | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| STAUFFER, LARRY 3169 SW RIVERS END WY PALM CITY, FL 34990 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SCHMIDT, JUERGEN 1949 10TH AVE NORTH LAKE WORTH, FL 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STAUFFER, LARRY 3169 SW RIVERS END WY PALM CITY, FL 34990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BLUMEL, GEORGE 316 N. COUNTRY CLUB DR. ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEISO SAENZ SECRETARY 1947-10th. AVE. North LAKE WORTH, FL. 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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:  | | | | Date 2/7/07 Daytime Phone # 772-219-1005 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | |