

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:10

DOCUMENT # N02827 (6)

1. Corporation Name

GULF STREAM COTTAGES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O WM COLLISON 1839 GULFSTREAM WAY WEST PALM BEACH FL 33411-8816	Mailing Address C/O WM COLLISON 1839 GULFSTREAM WAY WEST PALM BEACH FL 33411-8816
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1984	3a. Date of Last Report 05/01/1994
4. FBI Number 59-2408509	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent COLLISON, WILLIAM A., JR. 1839 GULFSTREAM WAY WEST PALM BEACH, FL W PALM BCH FL 33411-8816	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	MUSINSKY, SIDNEY	1.2 NAME	
STREET ADDRESS	1880 GULFSTREAM WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	HASELTON, RON	2.2 NAME	
STREET ADDRESS	1768 GULFSTREAM WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BARBARA	3.2 NAME	
STREET ADDRESS	1688 BREAKERS WEST BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLISON, CHRISTINA	4.2 NAME	
STREET ADDRESS	1839 GULFSTREAM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	ERNEST, HARRY	5.2 NAME	
STREET ADDRESS	1741 GULFSTREAM WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, IRA	6.2 NAME	
STREET ADDRESS	1888 GULFSTREAM WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #