

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90001 049 \*\*\*\*61.25

DOCUMENT # N02827

1. Corporation Name

GULF STREAM COTTAGES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

C/O WM COLLISON  
1839 GULFSTREAM WAY  
WEST PALM BEACH FL 33411-1816  
US

Mailing Address

C/O WM COLLISON  
1839 GULFSTREAM WAY  
WEST PALM BEACH FL 33411-1816  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/30/1984

4. FEI 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

9. Name and Address of Current Registered Agent

COLLISON, WILLIAM A., JR.  
1839 GULFSTREAM WAY  
WEST PALM BEACH, FL  
W PALM BCH FL 33411

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ROSSIN, TOM  
STREET ADDRESS 1811 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE  
NAME DAVIS, BARBARA  
STREET ADDRESS 1688 BREAKERS WEST BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE STD ☐ DELETE  
NAME COLLISON, CHRISTINA  
STREET ADDRESS 1839 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BCH FL

TITLE P ☐ DELETE  
NAME CREIGHTIN, LEDERER  
STREET ADDRESS 1769 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BCH FL

TITLE D ☒ DELETE  
NAME LIEBERMAN, IRA  
STREET ADDRESS 1866 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

Treasurer  
William D. Stiles  
1824 Gulfstream Way  
West Palm Beach, FL 33411  
Secretary  
Stephen L. Seligson  
1782 Gulfstream Way  
West Palm Beach, FL 33411

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 1999 561-798-5118

CR2E037- (1/1/98)