

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N02827**
 1. Entity Name **Gulfstream Cottages Homeowners Association, Inc.**

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90002 022 ****61.25

Principal Place of Business _____ Mailing Address _____

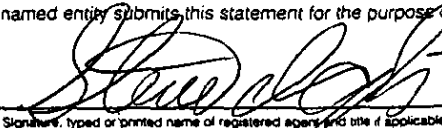
2. Principal Place of Business _____ 3. Mailing Address **C/O Bristol Mgmt. Serv.**
 Suite, Apt. #, etc. _____ Suite, Apt. #, etc. **725 N. AIA Suite C110**
 City & State _____ City & State **Jupiter, FL**
 Zip _____ Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2408509** Applied For ☐
 Not Applicable ☒
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Steve Inglis**
 Street Address (P.O. Box Number is Not Acceptable) **725 N. AIA Suite C-110**
 City **Jupiter** FL Zip Code **33477**

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.
 SIGNATURE  DATE **4/28/00**
 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Bill Stiles	
STREET ADDRESS	1824 Gulfstream Way	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	Vice President	☐ Delete
NAME	Steve Seligson	
STREET ADDRESS	1782 Gulfstream Way	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	Treasurer	☐ Delete
NAME	Karl Semans	
STREET ADDRESS	1825 Gulfstream Way	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	Secretary	☐ Delete
NAME	Joan Harris	
STREET ADDRESS	1811 Gulfstream Way	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	Director	☐ Delete
NAME	Thomas Rossini	
STREET ADDRESS	1768 Gulfstream Way	
CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	Director	☐ Delete
NAME	Creighton Lederer	
STREET ADDRESS	1769 Gulfstream Way	
CITY-ST-ZIP	West Palm Beach, FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.