

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02827

1. Entity 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 BRISTOL MANAGEMENT SERVICES  
725 N A1 A STE C110  
JUPITER FL 33477  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

INGLIS, STEVE  
725 N A1A STE C-110  
JUPITER FL 33477

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 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 D ☒ 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 T ☐ Delete  
NAME STILES, WILLIAM D  
STREET ADDRESS 1824 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE S ☐ Delete  
NAME SELIGSON, STEPHEN L  
STREET ADDRESS 1782 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  
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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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WM. D. STILES  
PRESIDENT

3-13-01

Date

Daytime Phone #

(961)  
791-1879

FILED  
Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90026 017 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)