

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90416 015 \*\*\*\*\*61.25

**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

ASSOCIATED PROPERTY MGMT  
1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461  
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

7. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MGMT  
1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461

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

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD  
NAME HARRIS, JOAN ☐ Delete  
STREET ADDRESS 1811 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE TO  
NAME CARMEL MONTE ☐ Change ☒ Addition  
STREET ADDRESS 1867 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE VD  
NAME JACOBS, CHARLES ☒ Delete  
STREET ADDRESS 1852 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D  
NAME LEBEAU, HARRY ☒ Change ☐ Addition  
STREET ADDRESS 1796 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE SD  
NAME COFFMAN, SANDRA ☐ Delete  
STREET ADDRESS 1824 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D  
NAME DAVIS, BARBARA ☐ Change ☒ Addition  
STREET ADDRESS 1560 FLAGLER PKWY.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE D  
NAME LEDERER, CREIGHTON ☐ Delete  
STREET ADDRESS 1769 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D  
NAME FRANKHAUSER, THERESA ☐ Change ☒ Addition  
STREET ADDRESS 1923 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE D  
NAME LEBEAM, HARRY ☒ Delete  
STREET ADDRESS 1796 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D  
NAME JACOBS, CHARLES ☒ Change ☐ Addition  
STREET ADDRESS 1852 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE D  
NAME LEBEAM, HARRY ☒ Delete  
STREET ADDRESS 1796 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D  
NAME SEMAN, KARL ☒ Change ☒ Addition  
STREET ADDRESS 1825 GULFSTREAM WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/04 (561) 212-6732