



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90051 031 \*\*\*\*61.25

<b>DOCUMENT # N02827</b> 1. Entity Name <b>GULF STREAM COTTAGES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O WM COLLISON 1839 GULFSTREAM WAY WEST PALM BEACH, FL 33411-1816 US</b>			Mailing Address <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">40047844</div> 	
City & State		City & State		4. FEI Number <b>59-2408509</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2007</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE	PD NAME <b>SELIGSON, STEPHEN L</b>	<input type="checkbox"/> Delete	TITLE	SD NAME <b>MILLER, KATHY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1782 GULFSTREAM WAY</b>		STREET ADDRESS	<b>1838 GULFSTREAM WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMAN, KARL</b>		NAME	<b>COFFMAN, STEPHEN</b>	
STREET ADDRESS	<b>1825 GULFSTREAM WAY</b>		STREET ADDRESS	<b>1824 GULFSTREAM WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COFFMAN, SANDRA</b>		NAME	<b>LEDEAU, HARRY</b>	
STREET ADDRESS	<b>1824 GULFSTREAM WAY</b>		STREET ADDRESS	<b>1796 GULFSTREAM WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEDERER, CREIGHTON</b>		NAME	<b>CARMEL, MONTE</b>	
STREET ADDRESS	<b>1769 GULFSTREAM WAY</b>		STREET ADDRESS	<b>2 ARROWHEAD LN.</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>		CITY-ST-ZIP	<b>ARMONK, NY 10504</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, JOAN</b>		NAME	<b>HANSLIP, ROBERT</b>	
STREET ADDRESS	<b>1811 GULFSTREAM WAY</b>		STREET ADDRESS	<b>1741 GULFSTREAM WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RULE, LAWRENCE JR</b>		NAME		
STREET ADDRESS	<b>222 LAKEVIEW AVE #160-304</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Stephen L Seligson</u> <u>March 26, 2007</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					