

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90023 018 \*\*\*\*61.25

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<b>DOCUMENT # N02827</b> 1. Entity Name <b>GULF STREAM COTTAGES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>G/O WM COLLISON</del> <b>1839 GULFSTREAM WAY</b> <b>WEST PALM BEACH, FL 33411-1816 US</b>			Mailing Address <b>ASSOCIATED PROPERTY MGMT</b> <b>1928 LAKE WORTH ROAD</b> <b>LAKE WORTH, FL 33461 US</b>		
2. Principal Place of Business - No P.O. Box # <b>ASSOCIATED PROPERTY MGMT.</b>		3. Mailing Address <b>1928 LAKE WORTH RD.</b>			
Suite, Apt. #, etc. <b>LAKE WORTH, FL</b>		Suite, Apt. #, etc. <b>LAKE WORTH, FL</b>			
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH, FL</b>		4. FEI Number <b>59-2408509</b>	
Zip <b>33461</b>		Country <b>US</b>		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</b> <b>1928 LAKE WORTH ROAD</b> <b>LAKE WORTH, FL 33461</b>			7. Name and Address of New Registered Agent Name <b>GARY D. FIELDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 PGA BLVD.</b> <b>SUITE 900</b> City <b>PAUM BEACH GARDENS FL</b> Zip Code <b>33410</b>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>4/2/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD NAME <b>SELIGSON, STEPHEN L</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1782 GULFSTREAM WAY</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VPD NAME <b>SEMAN, KARL</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1825 GULFSTREAM WAY</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D NAME <b>LEBEAU, HARRY</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1796 GULFSTREAM WAY</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D NAME <b>LEDERER, CREIGHTON</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1769 GULFSTREAM WAY</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D NAME <b>HARRIS, JOAN</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1811 GULFSTREAM WAY</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D NAME <b>HANSLIP, ROBERT</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1741 GULFSTREAM WAY</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33411</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/8/08</b> Daytime Phone # <b>561-798-5118</b>			