

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02827

FILED
Nov 24, 2014
Secretary of State

Entity Name: GULF STREAM COTTAGES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Current Mailing Address:

ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461 US

New Mailing Address:

LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

FEI Number: 59-2408509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ST. JOHN ROSSIN PODESTA BURR & LEMME, PLLC
1601 FORUM PLACE, CENTURION TOWER
7TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ST. JOHN ROSSIN PODESTA & BURR, PLLC
1601 FORUM PLACE, CENTURION TOWER
7TH FLOOR, SUITE 700
WEST PALM BEACH, FL 33401 US

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: TOM ROSSIN

11/24/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LIEBERMAN, DOREEN
Address: 1866 GULFSTREAM WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP
Name: HANSLIP, ROBERT
Address: 1741 GULFSTREAM WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T
Name: CARMEL, MONROE
Address: 1867 GULFSTREAM WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D
Name: BANCKER, DELIGHT
Address: 1894 GULFSTREAM WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D
Name: LEBEAU, HARRY M.
Address: 1796 GULFSTREAM WAY
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOREEN LIEBERMAN

P

11/24/2014

Electronic Signature of Signing Officer or Director

Date