

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90122 007 ****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**

11011344



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2408509**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	VD	<input type="checkbox"/> Delete
NAME	SEMAN, KARL	
STREET ADDRESS	1825 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BARBARA	
STREET ADDRESS	1688 BREAKERS WEST BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CREIGHTIN, LEDERER	
STREET ADDRESS	1769 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STILES, WILLIAM D	
STREET ADDRESS	1824 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JOAN M	
STREET ADDRESS	1811 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARMEL, MONTE	
STREET ADDRESS	1867 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JOAN	
STREET ADDRESS	1811 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, CHARLES	
STREET ADDRESS	1852 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFMAN, SANDRA	
STREET ADDRESS	1824 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDERER, CREIGHTON	
STREET ADDRESS	1769 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDEAN, HARRY	
STREET ADDRESS	1796 GULFSTREAM WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BARBARA	
STREET ADDRESS	1560 FLAGLER PARKWAY	
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 of President **Pres. McHott** 4/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Duration: _____

CR2E037 (10/02)