


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90140 010 \*\*\*\*61.25

<b>DOCUMENT # N07015</b> 1. Entity Name GULFSTREAM TOWNHOMES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 STREET COOPER CITY, FL 33330	Mailing Address 12323 SW 55 STREET SUITE 1002 COOPER CITY, FL 33330
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**50046908**



04072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2621204</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SONNEBORN, KENT 7431-34 W ATLANTIC AVE 12323 SW 55 STREET, BLDG 1000, STE 1002 COOPER CITY, FL 33330
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLLINS, WILLIAM 713 SE AVE HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FERGUSON, PAULINE 716 S.E. 3RD AVENUE HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SZETO, LAURA 712 SE 3RD AVENUE HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <u>P. M. Ferguson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>4/28/05</u> <small>Daytime Phone #</small>