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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60045783

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07015

1. Entity Name
GULFSTREAM TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55 STREET COOPER CITY, FL 33330	1941 NW 150TH AVE PEMBROKE PINES, FL 33028

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1941 NW 150 Ave	
Suite, Apt #, etc. Pembroke Pines	Suite, Apt. #, etc.
City & State Fl.	City & State
Zip 33028 Country Bro	Zip / Country

02122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2621204 ☐ Applied For ☐ Not Applicable

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
SONNEBORN, KENT 7431-34 W ATLANTIC AVE 12323 SW 55 STREET, BLDG 1000, STE 1002 COOPER CITY, FL 33330	Name 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.

SIGNATURE X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P ALAVARDO, MARINA 201 SE 8TH ST HALLANDALE, FL 33009	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KESSLER, CHARLENE 706 SE 3RD AVE EXT HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charlene Kessler 706 SE 3rd Ave ext. Hallandale, Fl. 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, ARLENE 707 SE 3RD AVE EXT HALLANDALE, FL 33009	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Charlene Kessler 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Spoke w/ Karin did not recive Print [illegible]