

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

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N11857

1. Entity Name
**GULFSTREAM PLAZA CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**5845 URDEA RD
JUPITER, FL 33458**

Mailing Address

**5845 URDEA RD
JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2585687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANMETER, CAROLYN
5845 URDEA RD
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
OLSON, ROBERT
275 TONY PENNA DR #9
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
ZAMPINO, STEVE
275 TONY PENNA DR #2
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
PEARSALL, DON
275 TONY PENNA DR #12
JUPITER, FL 33458**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000202740
01/29/05-80003-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #