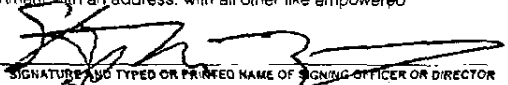


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 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		
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 resigning) DATE		
Filing Fee is \$61.25 Due by May 1, 2006		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		
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: 		Date: 1/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Corporate Phone #



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2585687	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

1000000420403
02/15/06-80055-013 61.25

**DO NOT WRITE
IN THIS SPACE**