

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 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**



01222007 No Chg-NP

CR2E037 (4/06)

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**

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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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000605255  
01/30/07-80029-008 61.25

**10. OFFICERS AND DIRECTORS**

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

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

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

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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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #