

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Aug 16 1996 8:00 am

Secretary of State

DOCUMENT # N18012

(7)

1. Corporation Name

GULFSTREAM SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 721207
ORLANDO FL 32872-1207

Mailing Address

P. O. BOX 621832
ORLANDO FL 32872-1207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1986

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3709095

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

EMIG, JAY
4166 GULFSTREAM BAY CT.
ORLANDO FL 32822

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NICKEL, DAVID
STREET ADDRESS 4142 GULFSTREAM BAY CT
CITY - ST - ZIP ORLANDO FL

TITLE VD
NAME PEREZ, JOHN
STREET ADDRESS 411 GULFSTREAM BAY CT
CITY - ST - ZIP ORLANDO FL

TITLE SD
NAME MILLER, GEORGE
STREET ADDRESS 4156 GULFSTREAM BAY CT
CITY - ST - ZIP ORLANDO FL

TITLE TD
NAME LAMONT, SUSAN
STREET ADDRESS 4144 GULFSTREAM BAY CT
CITY - ST - ZIP ORLANDO FL

TITLE D
NAME EMIG, JAY
STREET ADDRESS 4166 GULFSTREAM BAY CT.
CITY - ST - ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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-08/19/96--01006--005
***155.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Director 8-1-96 277-4941

Daytime Phone #

CR2E037 (3/95)