

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18012

1. Entity Name

GULFSTREAM SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

238 N. WESTMONTE DRIVE
STE 260
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P.O. BOX 161606
ALTAMONTE SPRINGS FL 32716-1606

2. Principal Place of Business

225 N. Westmonte Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2050

City & State
Altamonte Springs, FL

City & State

4. FEI Number

59-3440566

Applied For

Not Applicable

Zip Country
32714 USA

Zip Country

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

WOMACK, ELLEN R
238 N. WESTMONTE DRIVE, SUITE 105
STE 260
ALTAMONTE SPRINGS FL 32714

Name

Ellen R. Womack

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

225 S. Westmonte Drive

Suite 2050

City

Altamonte Springs

FL

Zip Code
32714

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☒ Delete
NAME ANDREZZI, THOMAS A
STREET ADDRESS 4138 GULFSTREAM BAY CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME BALL, JOHN
STREET ADDRESS 4100 GULFSTREAM BAY CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME PACKER, THEODORE W
STREET ADDRESS 4168 GULFSTREAM BAY CT.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT S ☐ Delete
NAME EMIG, JAY
STREET ADDRESS 4166 GULFSTREAM BAY CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition
NAME John Perez
STREET ADDRESS 4111 Gulfstream Bay Ct.
CITY-ST-ZIP Orlando, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to an attachment with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90001 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)