

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90224 026 ****61.25

DOCUMENT # N18012

1. Entity Name

GULFSTREAM SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Theodore (Ted) Packer

225 S WESTMONTE DRIVE

4153

P.O. BOX 161606

SUITE 2050

ALTAMONTE SPRINGS FL 32714

Gulfstream Bay Ct.
ORLANDO, FL 32822

2. Principal Place of Business

3. Mailing Address

Gulfstream Bay Ct.

Suite, Apt. #, etc.

4153

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

FL

4. FEI Number 02-0672141

52440566

Applied For

Not Applicable

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

225 S WESTMONTE DRIVE

SUITE 2050

ALTAMONTE SPRINGS FL 32714

Removed - Jan 20, 2003

AS

Agent

Name

Theodore (Ted) Packer President

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

4153 Gulfstream Bay Ct

City

ORLANDO

FL

Zip Code

32822

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

02/20/03

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	DP	☒ Delete
NAME	BALL, JOHN	1-20-2003
STREET ADDRESS	4100 GULFSTREAM BAY CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	☒ Delete
NAME	EMIG, JAY	1-20-2003
STREET ADDRESS	4168 GULFSTREAM BAY CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	☒ Delete
NAME	PEREZ, JOHN	1-20-2003
STREET ADDRESS	4111 GULFSTREAM BAY CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	☒ Change ☐ Addition
NAME	Theodore Packer	
STREET ADDRESS	4153 GULFSTREAM BAY CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	DT	☒ Change ☐ Addition
NAME	LURA M ARSDEN	
STREET ADDRESS	4135 GULFSTREAM BAY CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	DV	☒ Change ☐ Addition
NAME	NYDIA L. ORTEZ	
STREET ADDRESS	4442 GULFSTREAM BAY CT	
CITY-ST-ZIP	ORLANDO 32822 FL	
TITLE		☐ Change ☐ Addition
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 with an address, with all other like empowered.

SIGNATURE:

Theodore (Ted) Packer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/03

407-277-0086