

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31953

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** GULF STREAM HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MICHAEL A. SCHROEDER, ESQ.  
2255 GLADES RD., ONE BOCA PL.#319 ATRIUM  
BOCA RATON, FL 33431

**New Principal Place of Business:**

C/O MR. PERRY H. O'NEAL  
588 BANYAN ROAD  
GULF STREAM, FL 33483

**Current Mailing Address:**

C/O MICHAEL A. SCHROEDER, ESQ.  
2255 GLADES RD., ONE BOCA PL.#319 ATRIUM  
BOCA RATON, FL 33431

**New Mailing Address:**

C/O MR. PERRY H. O'NEAL  
588 BANYAN ROAD  
GULF STREAM, FL 33483

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHROEDER, MICHAEL A.  
SCHROEDER AND LARCHE, P.A.  
120 E PALMETTO PARK RD STE 150  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: O'NEAL, PERRY H  
Address: 588 BANYAN RD.  
City-St-Zip: GULFSTREAM, FL

Title: D ( ) Delete  
Name: WILLIAMS, GRANT  
Address: 3145 POLO DRIVE  
City-St-Zip: GULFSTREAM, FL

Title: D ( ) Delete  
Name: WALTON, JAMES M  
Address: 3512 OLEANDER DR  
City-St-Zip: GULFSTREAM, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERRY H. O'NEAL

PD

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date