


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N93000001290 1. Entity Name GULF STREAM BEACH RESORT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1501 GULF DRIVE NORTH BRADENTON, FL 34217	Mailing Address 1501 GULF DRIVE NORTH BRADENTON, FL 34217
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0555310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALENTE, JAMES R 1501 GULF DRIVE NORTH BRADENTON, FL 34217
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**DO NOT WRITE
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORIN, ROSE M 1501 GULF DRIVE NORTH BRADENTON, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PAGANO, STELLA 1501 GULF DRIVE NORTH BRADENTON, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEIER, LARRY 1501 GULF DRIVE NORTH BRADENTON, FL 34217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/25/06-80005-018 61.25

**DO NOT WRITE
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: Rose-Marie K. Morin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14 2006 (941) 778-6667
Date Daytime Phone #