

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N93000001290

1. Entity Name  
GULF STREAM BEACH RESORT CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
1501 GULF DRIVE NORTH  
BRADENTON, FL 34217

Mailing Address  
1501 GULF DRIVE NORTH  
BRADENTON, FL 34217



01302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0555310

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VALENTE, JAMES R  
1501 GULF DRIVE NORTH  
BRADENTON, FL 34217

**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, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**RECEIVED**

**APR 12 2007**

**CIU REV/ADM**

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IN THIS SPACE**

U00000715460

04/27/07-80067-002 61.25

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/07 941.778.6667