


-2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90027 030 ****61.25

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1. Entity Name
THE GIBSON OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1520 EUCLID AVE MIAMI BEACH, FL 33139 US	Mailing Address C/O STREAMLINE PROPERTIES, INC 1125 WASHINGTON AVE MIAMI BEACH, FL 33139 US
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40062793



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0458467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GROSS, SAUL
 1125 WASHINGTON AVE.
 MIAMI BEACH, FL 33139**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	DT. PECKINGHAM, BOND 1520 EUCLID AVE #12 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SAUL K GROSS 1125 WASHINGTON AVE MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRUCIANO, DANIEL 1520 EUCLID AVE. # 1 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOLASA, LARRY 1520 EUCLID AVE, #7 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Saul Gross, Asst Sec **4/2/08** **305-532-7368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #