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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002364 (4)

1. Corporation Name

GOLD COAST COMMUNITY SERVICES, INC.



Principal Place of Business

Mailing Address

309 NORTH SEACREST BLVD.
P.O. BOX 37
BOYNTON BEACH FL 33435

309 NORTH SEACREST BLVD.
P.O. BOX 37
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

65-0750531

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1123 Crestwood Blvd.

26 1123 Crestwood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2ND Floor

27 2ND Floor

City & State

City & State

23 Lake Worth, FL

28 Lake Worth, FL

Zip

Country

Zip

Country

24 33460

25 Palm Beach

29 33460

30 Palm Beach

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, R. GREG
215 5TH STREET
SUITE 200
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COTTON, WAYNE W
STREET ADDRESS C/O 309 NORTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME SMITH, R. GREG
STREET ADDRESS C/O 309 NORTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME O'KEEFE, JEFFREY A
STREET ADDRESS C/O 309 NORTH SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Greg Smith

1/9/98

CR2E037 (10/97)