2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000021404

1. Entity Name **GULFSTREAM BANCSHARES, INC.**



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90264 046 ***150.00

412612004

(772) 426-8100

Daytime Phone #

Gary P. Abramowicz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

SIGNATURE:

		•			115					
Principal Place	e of Busines	s	Mailing Address			1				
			2400 SE MONTEREY ROAD STE 100 STUART, FL 34996				M=#1 0010 11001	11511 BIBN 6111 6111		
2. Principal P	lace of Busin	ness	I. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232004	Chg-P	CR2E	(10/03)	
City & State			City & State	City & State			er 6886		 	pplied For ot Applicable
Zip		Country	Zip	p Country			of Status Desired	d 🗆	\$8.75 Add Fee Required	litional
	6. Name	and Address of Current F	legistered Agent			7. Name and	Address of Nev	v Registered	l Agent	
TRANTER 2400 SE M STUART, I	ONTERE	Y ROAD STE 100	Street A	Street Address (P.O. Box Number is Not Acceptable)						
4 · ·	-			City				F	L Zip Code	e
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										
		FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5 . I Add	.00 May Be led to Fees				
10,		OFFICERS AND D	DIRECTORS	11.		ADDITIONS,	CHANGES TO C	FFICERS AN	D DIRECTORS	S IN 11
TITLE	CD		Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	l	S, RICHARD AYFAIR RD SUITE 240	,	NAME STREET ADDRESS						
CITY-ST-ZIP	l	OSA, WI 53226		CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE					☐ Change	Addition
NAME		ONG, MERRILL		NAME						
STREET ADDRESS CITY-ST-ZIP		T OCEAN BLVD FL 349963376		STREET ADDRESS CITY-ST-ZIP						
TITLE	D	, 2 0.0000, 0	☐ Delete	TITLE					☐ Change	Addition
NAME	CLINE, R	OBERT		NAME					_ ,	_
STREET ADDRESS		DUNE DR #2404		STREET ADDRESS						
CITY-ST-ZIP	D STUART,	FL 34996		CITY-ST-ZIP	1				Change	☐ Addition
TITLE NAME		, ROBERT	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	ŀ	ONTEREY COMMONS	BLVD	STREET ADDRESS						ļ
CITY-ST-ZIP	STUART,	FL 34996		CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE					☐ Change	☐ Addition
name Street address	1	, WILLIAM NORTH MARINA WAY		NAME STREET ADDRESS						
CITY-ST-ZIP	1	FL 34996		CITY-ST-ZIP						
TITLE	D		□ Delete	TITLE	CD				Change	Addition
NAME	CIFERRI, MICHAEL			NAME					,-	
STREET ADDRESS		DOMINCA TERRACE		STREET ADDRESS						l
CITY-ST-ZIP		FL 34997	this filing doce not available.	CITY-ST-ZIP	stad in C-	notion 110 07/01	(i) Florida Ptatida	o I furthor -	artifu that the i-	otormation .
12. 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 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 607, 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.										

Attachments - P010000 21404

D Goldin, Gene 701 Colorado Avenue Stuart, FL 34994

D Lucido, Thomas 322 Georgia Avenue Stuart, FL 34994

OD Tranter, John E. 9 Middle Road Stuart, FL 34996

O Abramowicz, Gary R. 4958 SW Lake Grove Circle Palm City, FL 34990