

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000050424

1. Entity Name

GULFSTREAM MONTESSORI SCHOOL, INC.



Principal Place of Business

772 E HALLANDALE BCH BLVD
HALLANDALE, FL 33009

Mailing Address

750 E HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0685024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAAR, RICHARD A
420 LINCOLN ROAD
SUITE 512
MIAMI BEACH, FL 33139

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000260297
03/12/05-80019-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VICKERS, LINDA
STREET ADDRESS 600 PARKVIEW DR APT 221
CITY-ST-ZIP HALLANDALE, FL 330092969

TITLE VSTD
NAME BURNETT, LAURA V
STREET ADDRESS 1030 CORKWOOD STREET
CITY-ST-ZIP HOLLYWOOD, FL 330194879

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERSON, PRESTON, ROBINSON & CO., P.A.

CERTIFIED PUBLIC ACCOUNTANTS

666-71st STREET

Daytime Phone #