2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018165

Entity Name: GULFSTREAM BUSINESS BANK

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2400 SE MONTEREY ROAD SUITE 100 STUART, FL 34996

Current Mailing Address: New Mailing Address:

2400 SE MONTEREY ROAD SUITE 100 STUART, FL 34996

FEI Number: 65-0898666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CIFERRI, MICHAEL F LUCIDO, THOMAS Name: Name: 2951 SE DOMINICA TERR 701 E OCEAN BLVD Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34994 Title: Title: VCD (X) Change () Addition () Delete Name: CLINE, ROBERT A JR Name: GOLDIN, GENE B Address:

 Address:
 2818 SE DUNE DR #2404
 Address:
 701 COLORADO AVE

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34995

Title: VD () Delete Title: D (X) Change () Addition Name: GOLDIN, GENE B Name: CIFERRI, MICHAEL F

 Address:
 701 COLORADO AVE
 Address:
 2951 SE DOMINICA TERR

 City-St-Zip:
 STUART, FL 349953239
 City-St-Zip:
 STUART, FL 34997

Title: D () Delete Title: () Change () Addition

 Name:
 KRAMER, ROBERT S
 Name:

 Address:
 11 S RIDGEVIEW ROAD
 Address:

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: LUCIDO, THOMAS Name: MONDELLO, JAMES
Address: 701 E OCEAN BLVD Address: 1204 NW WINTERS CREEK ROAD

City-St-Zip: STUART, FL 34994 City-St-Zip: PALM CITY, FL 34990

 $\label{eq:title:title:V} \textit{Title:} \qquad \textit{V} \qquad \textit{() Change (X) Addition}$

Name: Name: AVRIL, BRIAN F

 Address:
 Address:
 2400 SE MONTEREY ROAD

 City-St-Zip:
 City-St-Zip:
 STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN F. AVRIL EVP 03/19/2009