2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S02469

1. Entity Name
GULFSTREAM GROVES, INC.

Principal Place of Business	Mailing Address
PO BOX 3152 FT PIERCE, FL 34948	PO BOX 3152 FT PIERCE, FL 34948

01132005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0243627
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRAZZULLA, JOSEPH P
14800 WESR INDRIO ROAD
FT PIERCE, FL 34954

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000494767
04/20/06-80055-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRAZZULLA, JOSEPH P
STREET ADDRESS	2076 CAVALLA
CITY-ST-ZIP	VERO BEACH, FL
TITLE	STD
NAME	STRAZZULLA, PHILLIP P
STREET ADDRESS	4102 SABAL PALM DRIVE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VD
NAME	STRAZZULLA, JOHN F
STREET ADDRESS	4715 PEBBLE BAY CIR
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VD
NAME	STRAZZULLA, FRANK J
STREET ADDRESS	4504 REDWOOD DRIVE
CITY-ST-ZIP	FT. PIERCE, FL
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 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: Joseph P. Strazzulla APRIL 4, 2006 772-461-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #