## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753012** 

Entity Name: GULF STREAM OF LAKE WORTH CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

15 S GOLFVIEW

LAKE WORTH, FL 33461

**Current Mailing Address:** 

C/O COMPLETE PROPERTY MANAGEMENT 3307 NORTHLAKE BLVD #107

PALM BEACH GARDENS, FL 33403 US

FEI Number: 59-1974248 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSSEN, JOE 3307 NORTHLAKE BLVD STE 107 PALM BEACH GARDENS, FL 33403 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Mar 27, 2020

**Secretary of State** 

9331581457CC

Officer/Director Detail:

Title Title **TREASURER** 

Name TEBBE, JAMES Name SLATER, ROBERT Address

15 S GOLFVIEW RD. APT. T701 Address 101 S. GOLFVIEW RD.

Title

City-State-Zip:

**UNIT S104** 

DIRECTOR, VP

LAKE WORTH FL 33461

City-State-Zip: City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR

Name VON LOSSBERG, ANN Name EKBERG, SANDRA Address 9676 GWYNN PARK DRIVE

Address 15 S GOLFVIEW City-State-Zip: ELLIOTT CITY MD 21042

Title DIRECTOR, SECRETARY

LAKE WORTH FL 33460

Name RICE, SCOTT Address

City-State-Zip: LAKE WORTH FL 33461

15 S GOLFVIEW

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/27/2020 **PRESIDENT** SIGNATURE: JAMES TEBBE