## 2021 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:

Name

Address

Electronic Signature of Registered Agent

Date

**FILED** Apr 06, 2021

**Secretary of State** 

5828113389CC

Officer/Director Detail:

Title **DIRECTOR** 

TEBBE, JAMES Address 15 S GOLFVIEW RD. APT. T701

15 S GOLFVIEW

City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR, PRESIDENT

Name EKBERG, SANDRA

City-State-Zip: LAKE WORTH FL 33461

Title VP. DIRECTOR

Name BREIDENBACH, ROBERT

Address 15 S GOLFVIEW

City-State-Zip: LAKE WORTH FL 33461 Title **TREASURER** 

Name SLATER, ROBERT

Address 101 S. GOLFVIEW RD.

**UNIT S104** 

City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR, SECRETARY

Name RICE, SCOTT

Address 15 S GOLFVIEW

City-State-Zip: LAKE WORTH FL 33461

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.

SIGNATURE: SANDRA EKBERG PRESIDENT

Electronic Signature of Signing Officer/Director Detail

04/06/2021 Date