

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753012

**Entity Name:** GULF STREAM OF LAKE WORTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC1639263318**

**Current Principal Place of Business:**

15 S GOLVIEW  
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

**Officer/Director Detail :**

Title PD  
Name TEBBE, JAMES  
Address 15 S GOLVIEW RD. APT. T701  
City-State-Zip: LAKE WORTH FL 33460

Title T  
Name BOULANGER, TERESA  
Address 15 S GOLVIEW T303  
City-State-Zip: LAKE WORTH FL 33460

Title D  
Name KEOUGH, JANICE  
Address 31 S. GOLVIEW, H13  
City-State-Zip: LAKE WORTH FL 33460

Title DVP  
Name MORRISEY, JOHN  
Address 15 S GOLVIEW, STE 205  
City-State-Zip: LAKE WORTH FL 33460

Title DS  
Name FLAMENT, GALE  
Address 101 S. GOLVIEW  
UNIT S13  
City-State-Zip: LAKE WORTH FL 33460

*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: JAMES TEBBE**

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date