

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765058

Entity Name: GULFSTREAM MANOR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3901 N. OCEAN BLVD.
GULFSTREAM, FL 33483**Current Mailing Address:**3901 N. OCEAN BLVD.
GULFSTREAM, FL 33483 US**FEI Number:** 59-2132073**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 | P/D |
| Name | KUNST, EDWARD |
| Address | 14094 WINDEMERE DRIVE NW |
| City-State-Zip: | GRAND RAPIDS MI 49534 |

| | |
|-----------------|--|
| Title | VP/D |
| Name | JOZEFIAK, ALAN |
| Address | 4960 CONFERENCE WAY NORTH, STE. 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | STEARNS, KAREN |
| Address | 869 VAUXHALL ST. EXT. |
| City-State-Zip: | QUAKER HILL CT 03675 |

| | |
|-----------------|--|
| Title | SECRETARY, TREASURER, DIRECTOR |
| Name | CAPONE, LAUREN |
| Address | 4960 CONFERENCE WAY NORTH, STE. 100 |
| City-State-Zip: | BOCA RATON FL 33431 |
| Title | DIRECTOR |
| Name | DEYOUNG, RON |
| Address | C/O 4960 CONFERENCE WAY NORTH, STE. 100 |
| City-State-Zip: | BOCA RATON FL 33431 |

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: LAUREN CAPONE**SECRETARY, BY DINA** 04/09/2021
IRIZARRY ATTORNEY-IN-
FACT_____
Electronic Signature of Signing Officer/Director Detail_____
Date