


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 047 ****61.25

DOCUMENT # 756601 1. Entity Name GULF POINTE INTERVALS, INC.					
Principal Place of Business 9439 GULFSHORE DRIVE NAPLES, FL 34108			Mailing Address 9439 GULFSHORE DRIVE NAPLES, FL 34108		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2074048				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6.-Name and Address of Current Registered Agent RONDEAU, BEVERLY A. 6305 WILSHIRE PINES CR #504 NAPLES, FL 34109			7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Beverly Rondreau</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-21-2006</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CAROL <input type="checkbox"/> Delete 365 PROSPECT ST BERE, OH 44017				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DENOON-ANDERSON, DONNA <input type="checkbox"/> Delete 3152 DOT DR CINCINNATI, OH 44286				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP PIPER, HUGH <input checked="" type="checkbox"/> Delete 12 LINCOLN AVE. N. LEHIGH ACRES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP HARROLD, ROBERT <input type="checkbox"/> Delete 3 GRAY AVE. HAMPATON, N.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CITARELLA, VINCENT <input type="checkbox"/> Delete 325 DUNES BLVD #206 NAPLES, FL 34110				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, GARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 179 SAND DRIVE NAPLES, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 617, 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: <u>Gary Davis, Director</u> 1/21/2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					