

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756601

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: GULF POINTE INTERVALS, INC.

## Current Principal Place of Business:

9439 GULF SHORE DRIVE  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

9439 GULF SHORE DRIVE  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 59-2074048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBBINS, SUZANNE CPA  
5282 CYPRESS LN  
NAPLES, FL 34113 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: THOMPSON, CAROL  
Address: 365 PROSPECT ST  
City-St-Zip: BERE A, OH 44017

Title: D ( ) Delete  
Name: EDWARD, WAYSTACK  
Address: 50 GLENN STREET  
City-St-Zip: MELROSE, MA 02176

Title: TD ( ) Delete  
Name: DAVIS, GARY  
Address: 179 SAND DR  
City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete  
Name: CITARELLA, VINCENT  
Address: 325 DUNES BLVD #206  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FURLONG, SHAUNEEN  
Address: 9439 GULF SHORE DR  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WELLS, ROBERT  
Address: 8805 TAMiami TRAIL PMB 159  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VINNY CITARELLA

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date