FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:17

DOCUMENT # 770138 (6)

1. Corporation Name

THE GULF PLACE CONDOMINIUM ASSOCIATION OF LEHIGH INC.

Principal Place of Business	Mailing Address
608 & 608 GERALD AVENUE LEHIGH FL 33936 US	P.O. BOX 314 LEHIGH ACRES FL 33970 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2157838 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 105
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LEHIGH ACRES FL
Zip 24 / County 25	Zip 29 33970 / County 30 LEE

9. Name and Address of Current Registered Agent

LYNCH, MARIA D.
709 WILLOW DR.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: THOMAS R. NEIL
82 Street Address (P.O. Box Number is Not Acceptable): 1716 FOURTH ST.
83
84 City: FT. MYERS FL 85 Zip Code: 33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	SD ☒ Change ☐ Addition
NAME	LYNCH, MARIA D.	12 NAME	DONALD L. BENSON
STREET ADDRESS	709 WILL DRIVE	13 STREET ADDRESS	557 FOXCREEK DR.
CITY-ST-ZIP	LEHIGH ACRES FL	14 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	WIEGELE, MARGOT	22 NAME	
STREET ADDRESS	AN DER LAN STR. 27,A-6020	23 STREET ADDRESS	
CITY-ST-ZIP	INSBRUCH, AUSTRIA	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BENSON, REGINE	32 NAME	
STREET ADDRESS	1240 HOMESTEAD RD.	33 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	HENNE, LILLY	42 NAME	
STREET ADDRESS	608 GERALD AVE., #224	43 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	REMITTED BY MAIL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Regine Benson REGINE BENSON April 21, 1995 813-369-6276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017639