SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 770138 (6)

1. Corporation Name

THE GULF PLACE CONDOMINIUM ASSOCIATION OF LEHIGH , INC.

Principal Place of Business	Mailing Address
~~1716 FOWLER STREET~~ ~~FT. MYERS FL 33901~~ US	P O BOX 105 LEHIGH ACRES FL 33970 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 A. B. REYNOLDS	26
Suite, Apt. #, etc. 22 801 Leeland HEIGHTS Blvd	Suite, Apt. #, etc. 27
City & State 23 LEHIGH ACRES	City & State 28
Zip 24 33936 · Country 25 LEE	Zip 29 · Country 30

3. Date Incorporated or Qualified: 09/07/1983
3a. Date of Last Report: 05/01/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REYNOLDS, A.B. A.B. REYNOLDS AND ASSOCIATS 801 LEELAND HEIGHTS BLVD. LEHIGH ACRES FL 33936	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______________________
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	PD	☒ DELETE	1.1 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	HENNE, LILLY		1.2 NAME	KIMBERLY BURGESON	
STREET ADDRESS	608-224 GULF PLACE 1, DERALD AVE.		1.3 STREET ADDRESS	606 GERALD AV UNIT 212	
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-ST-ZIP	LEHIGH ACRES, Fl 33972	
TITLE	VPD	☑ DELETE	2.1 TITLE	VICE PRESIDENT D	☒ Change ☐ Addition
NAME	AKANDA, RAIS		2.2 NAME	BRIAN CAR MICHAEL	
STREET ADDRESS	606-114 GERALD AVE.		2.3 STREET ADDRESS	606 GERALD AV UNIT 113	
CITY-ST-ZIP	LAHIGH ACRES FL 33936		2.4 CITY-ST-ZIP	LEHIGH ACRES, Fl 33972	
TITLE	SD	☐ DELETE	3.1 TITLE	TREASURER, SECRETARY D	☐ Change ☐ Addition
NAME	BENSON, REGINE		3.2 NAME	REGINE BENSON	
STREET ADDRESS	557 FOXCREEK DR		3.3 STREET ADDRESS	557 FOXCREEK Dr	
CITY-ST-ZIP	LEHIGH FL 33936		3.4 CITY-ST-ZIP	LEHIGH, Fl 33936	
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HENNE, LILLY		4.2 NAME		
STREET ADDRESS	608 GERALD AVE., #224		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing 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 REQUIRED