

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1978



Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

7 2 204*****10.00

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office:
NO0000001942 GULF BAY LODGE, INC.
 2001 S OCEAN DR
 HALLANDALE FL 33009

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address
 P.O. Box No.
 City
 State
 Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida: **09/27/1953**

4. Federal Employer Identification Number (FEIN): **59-0882010**

5. Date of Last Report: **1977**

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
LUCIANO, MICHAEL	PRES	✓	2001 SO. OCEAN DR.	HALLANDALE, FL
EPSTEIN, SAM SMYJINSKI, MICHAEL	DIR	✓	2001 SO. OCEAN DR.	HALLANDALE, FL
SPECKLER, HENRY LUMINETHA	DIR	✓	2001 SO. OCEAN DR.	HALLANDALE, FL
TAUB, AL	DIR		2001 SO. OCEAN DR.	HALLANDALE, FL
PASSARELLI, EDWARD MILLER	TREAS	✓	2001 SO. OCEAN DR.	HALLANDALE, FL
WYATT, JAMES	DIR		2001 SO. OCEAN DR.	HALLANDALE, FL
MAJORIE TREMBKKI	SECT	✓		

000003198020-4

7. Registered Agent Information

Name: **LUCIANO, MICHAEL** Street Address (Do NOT Use P.O. Box Number): **2001 S OCEAN DR**

City, State and Zip Code: **HALLANDALE, FL 33009**

If you wish to change Registered Agent on this form, enter all new information here ▶

Name: _____ Street Address (Do NOT Use P.O. Box Number): _____

City, State and Zip Code: _____

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer: **Michael Luciano** Title: **PRES** Telephone Number: **454-9659**

Signature: *Michael Luciano* Date: **6/14/78**

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