

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071371 (5)
 1. Corporation Name
GULF COAST BUILDING ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3838 TAMiami TRAIL NORTH SUITE 410 NAPLES FL 34103 US	Mailing Address % WOOD PROPERTY MGMT 3255 TAMiami TRAIL N NAPLES FL 34103 US
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3. Date Incorporated or Qualified 09/14/1995	
4. FEI Number 65-0614484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CHEFFY, JANE Y
2375 TAMiami TRAIL NORTH, SUITE 208
NAPLES FL 33940**

10. Name and Address of New Registered Agent
 81 Name
David N. Morrison, Esq.
 82 Street Address (P.O. Box Number is Not Acceptable)
Morrison & Conroy, P.A.
 83
3838 Tamiami Trail North, Suite 402
 84 City
Naples FL 85 Zip Code
34103

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 *David N. Morrison* 5/11/98
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE KESSOUS, MICHAEL 3838 TAMiami TRAIL N STE 410 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE STEVENS, PATRICIA 3838 TAMiami TRAIL N STE 410 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE MILLER, PATRICK 3838 TAMiami TRAIL N NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David N. Morrison, Esq.
1.3 STREET ADDRESS	3838 Tamiami Trail North, Suite 402
1.4 CITY-ST-ZIP	Naples, Florida 34103
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patrick Griffin
2.3 STREET ADDRESS	4099 Tamiami Trail North
2.4 CITY-ST-ZIP	Naples, Florida 34103
3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patrick Miller
3.3 STREET ADDRESS	3838 Tamiami Trail North, 2nd floor
3.4 CITY-ST-ZIP	Naples, Florida 34103
4.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Victoria Felden, Esq.
4.3 STREET ADDRESS	3838 Tamiami Trail North
4.4 CITY-ST-ZIP	Naples, Florida 34103
5.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karen Dahl
5.3 STREET ADDRESS	3838 Tamiami Trail North, Suite 408
5.4 CITY-ST-ZIP	Naples, Florida 34103
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *David N. Morrison* 5/11/98 041 640 5000

CR2E034 (10/97)