## FILE NOW: FILING FEE AFTER MAY 1ST 1/3 \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000043471**1. Corpora ion Name

GOLF COAST INVESTMENTS, INC.

[		
210 T/	MAIMA	I TR N
210 T/ NAPLE	C E	24102
MAPLE	O FL	OFFICE

Principal Place of Business

Mailing Address

9837 ALHAMBRA LANE **BONITA SPRINGS FL 34135** 

## FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90148 008 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

US					
				3. Date Ir corporated or Qualifed	
				05/13/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	reighborhood Ct		orhood C	<u>+ 59-3445390</u>	Not Applicable
Suite, Apt.	. #, etc/	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Recuired
City & Sia	to	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Becs		28 Bedford	NH	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24 O31	10 25 USA	29 03110 30	USA	Personal Property Tax.	¥ Yes [ ]No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere:	1 Agent
			81 Name	Sharon Kaltenbe	200
BOTHWELL, HELEN NADINE  82 Street Address (P.O. I				ddress (P.O. Box Number is Not Acceptable)	
9837 ALHAMBRA LANE			84 IST AVENUE N	<u></u>	
BON	IITA SPRINGS FL 34135		83		+
			84 City		85 Zip Code
			/	vaples F	L 34102
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu es, Florida, Such change was suith	the above-named o	corporation submits this statement for the purpose ration's board of cirectors. I hereby accept the applications are supported by the second statement of the second statement of the second se	of changing its registered pointment as registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	.1	100
SIGNATURE		Nporn		<u> </u>	3/99
12.	Signature, typed or printed har se of registered agent OFFICERS AND		gistered Agent signature re-	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOF:S IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change
NAME	BOTHWELL, DAVID R		1.2 NAME		
STREET ADDRES S			1.3 STREET ADDRESS	14 Neighborhood Ct.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CITY-ST-ZIP	Bedford NH 03110	
TITLE	D	☐ DELETE	2.1 TITLE	1900 101 00 110	Change
NAME	BOTHWELL, HELEN N		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	14 Neighborhood Ct.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		2. 4 CITY- ST- ZIP	14 Neighborhood Ct. Bedford NH 03110	
TITLE	DOMIN OF THINGS I E OF 105	☐ DELETE	3.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	1		34 CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	1		4, 2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	<u> </u>	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OTRECT ADDRESS	Ί		64 CITY-ST-ZIP		ļ

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 εnnual 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 εxecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with a lighter like empowered.

Itchen Nadine Bothwell SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICE OR DIRECTOR

04.21.99 603.471.0209