

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725492 (3)
1. Corporation Name
THE GULFVIEW APARTMENTS OF MARCO ISLAND, INC.



Principal Place of Business
**58 N. COLLIER BLVD.
MARCO ISLAND FL**

Mailing Address
**58 N. COLLIER BLVD.
MARCO ISLAND FL**

3. Date Incorporated or Qualified
02/06/1973

3a. Date of Last Report
04/28/1995

4. FEI Number
59-1738117

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent

**REINA, LEONARD P
500 5TH AVE. SOUTH
SUITE 502
NAPLES FL 33940**

10. Name and Address of New Registered Agent

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	DT	1.1 TITLE	DT
NAME	O'KEEFE, ROBERT	1.2 NAME	SAMUEL Terilli
STREET ADDRESS	5012 EAGLE DR	1.3 STREET ADDRESS	58 N. COLLIER BLVD #1011
CITY-ST-ZIP	SPRINGFIELD IL	1.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937
TITLE	D	2.1 TITLE	D
NAME	KELLEHER, HENRY	2.2 NAME	Louise Moore
STREET ADDRESS	35 ABERDEEN DRIVE	2.3 STREET ADDRESS	58 N COLLIER BLVD #702
CITY-ST-ZIP	SCITUATE MA	2.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937
TITLE	DVP	3.1 TITLE	
NAME	WOOL, MARVIN J	3.2 NAME	
STREET ADDRESS	2500 ADIE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARYLAND HTS. MO	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	BROWN, T.J.	4.2 NAME	
STREET ADDRESS	58 N. COLLIER BV. #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	
NAME	BERGMANN, RICHARD	5.2 NAME	
STREET ADDRESS	18 LAKE SHORE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

Samuel Terilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

Daytime Phone #

CR2E037 (12/95)