


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725492** (3)  
1. Corporation Name  
**THE GULFVIEW APARTMENTS OF MARCO ISLAND, INC.**



Principal Place of Business <b>58 N. COLLIER BLVD. MARCO ISLAND FL</b>	Mailing Address <b>58 N. COLLIER BLVD. MARCO ISLAND FL 34145-3711</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/06/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1738117</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>REINA, LEONARD P 500 5TH AVE. SOUTH SUITE 502 NAPLES FL 33940</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMUEL TERILLI</b>	1.2 NAME	
STREET ADDRESS	<b>58 N. COLLIER BLVD #1011</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUISE MOORE</b>	2.2 NAME	
STREET ADDRESS	<b>58 N COLLIER BLVD #702</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOL, MARVIN J</b>	3.2 NAME	<b>Robert Marks</b>
STREET ADDRESS	<b>2500 ADIE RD.</b>	3.3 STREET ADDRESS	<b>58 N. Collier Blvd #2009</b>
CITY-ST-ZIP	<b>MARYLAND HTS. MO</b>	3.4 CITY-ST-ZIP	<b>Marco Island, FL 34145</b>
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, T.J.</b>	4.2 NAME	<b>Bill Pfaff</b>
STREET ADDRESS	<b>58 N. COLLIER BV. #201</b>	4.3 STREET ADDRESS	<b>218 Wareham's Point</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	4.4 CITY-ST-ZIP	<b>Williamsburg, VA 23185</b>
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGMANN, RICHARD</b>	5.2 NAME	<b>58 N. Collier Blvd #1503</b>
STREET ADDRESS	<b>18 LAKE SHORE CT.</b>	5.3 STREET ADDRESS	<b>MARCO ISLAND, FL 34145</b>
CITY-ST-ZIP	<b>CARMEL IN</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Jack Cofer</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>242 Grapewood Court</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Marco Island, FL 34145</b>

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, changed, or on an attachment with an address.

SIGNATURE: *Richard F. Bergmann* **Richard F. Bergmann** 44-97 3946104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060638

CR2E037 (9/96)