I hereby certify that the information indicated on this report or supplemental report is true and accura	te and that my electronic 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 execu	ite this report as required by Chapter 617, Florida Statu	tes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE MARY CARMICHAEL	PRESIDENT	05/12/2020

MAZAREAS, JAMES

SUITE 101 City-State-Zip: NAPLES FL 33912

13461 PARKER COMMONS BLVD

Title	PRESIDENT	Title	VP
Name	CARMICHAEL, MARY	Name	BOURGOIN, MARK
Address	13461 PARKER COMMONS BLVD SUITE 101	Address	13461 PARKER COMMONS BLVD SUITE 101
City-State-Zip:	NAPLES FL 33912	City-State-Zip:	NAPLES FL 33912
Title	SECRETARY	Title	TREASURER
Name	PHILLIPS, JERRY A	Name	ROESSNER, JOHN
Address	13461 PARKER COMMONS BLVD SUITE 101	Address	13461 PARKER COMMONS BLVD SUITE 101
City-State-Zip:	NAPLES FL 33912	City-State-Zip:	NAPLES FL 33912
Title	DIRECTOR		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

ASSOCIA GULF COAST, INC 13461 PARKER COMMONS BLVD SUITE 101 NAPLES, FL 33912 US

SIGNATURE: JOHN HENSLEY

**Officer/Director Detail :** 

Name Address

I

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NAPLES. FL 34108

DOCUMENT# 756601

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: GULF POINTE INTERVALS, INC.

### **Current Principal Place of Business:**

9439 GULFSHORE DRIVE

## **Current Mailing Address:**

13461 PARKER COMMONS BLVD SUITE 101 NAPLES, FL 33912 US

# FEI Number: 59-2074048

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

05/12/2020 Date

Date

FILED May 12, 2020 Secretary of State 4141474926CC

Certificate of Status Desired: No