

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756601

Entity Name: GULF POINTE INTERVALS, INC.**Current Principal Place of Business:**9439 GULFSHORE DRIVE
NAPLES, FL 34108**Current Mailing Address:**9439 GULF SHORE DRIVE
NAPLES, FL 34108**FEI Number: 59-2074048****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBBINS, SUZANNE CPA
5282 CYPRESS LN
NAPLES, FL 34113 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SINGER, BILL
Address	102 CROFT REGIS ROAD
City-State-Zip:	WESTWOOD MA 02090

Title	P
Name	EDWARD, WAYSTACK
Address	50 GLENN STREET
City-State-Zip:	MELROSE MA 02176

Title	D
Name	SIMMONS, RICHARD
Address	P.O. BOX 343
City-State-Zip:	BASYE VA 22810

Title	VP
Name	CITARELLA, VINCENT
Address	325 DUNES BLVD #206
City-State-Zip:	NAPLES FL 34110

Title	TREA
Name	DAVIS, GARY
Address	179 SAND DRIVE
City-State-Zip:	NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY DAVIS**TREASURER****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date