

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 18 1997 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|---|--|
| Principal Place of Business 58 N. COLLIER BLVD. MARCO ISLAND FL | Mailing Address 58 N. COLLIER BLVD. MARCO ISLAND FL 34145-3711 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/06/1973 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1738117 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| 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 |
| 85 Zip Code |

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | DT | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMUEL TERILLI | 1.2 NAME | |
| STREET ADDRESS | 58 N. COLLIER BLVD #1011 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MARCO ISLAND FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOUISE MOORE | 2.2 NAME | |
| STREET ADDRESS | 58 N COLLIER BLVD #702 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MARCO ISLAND FL | 2.4 CITY - ST - ZIP | |
| TITLE | DVP | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

DS

DVP
Robert Marks
58 N. Collier Blvd # 2009
Marco Island, FL 34145

D
Bill Pfaff
218 Wareham's Point
Williamsburg, VA 23185

58 N. Collier Blvd #1603
MARCO ISLAND, FL 34145

D
Jack Coser
242 Grapewood Court
Marco Island, FL 34145

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 # 0060338

CR2E037 (9/96)