


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>02/06/1973</b>		
4. FEI Number <b>59-1738117</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REINA, LEONARD P  
 500 5TH AVE. SOUTH  
 SUITE 802  
 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

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 relating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>SAMUEL TERILLI</b>	
STREET ADDRESS	<b>58 N. COLLIER BLVD #1011</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>LOUISE MOORE</b>	
STREET ADDRESS	<b>58 N COLLIER BLVD #702</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>MARKS, ROBERT</b>	
STREET ADDRESS	<b>58 N COLLIER BLVD, 2009</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>PFUFF, BILL</b>	
STREET ADDRESS	<b>218 WAREHAM'S PT</b>	
CITY-ST-ZIP	<b>WILLIAMSBURG VA 23185</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>BERGMANN, RICHARD</b>	
STREET ADDRESS	<b>58 N COLLIER BLVD., #1503</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>COFER, JACK</b>	
STREET ADDRESS	<b>242 GRAPEWOOD CT</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Richard F Bergmann* **Richard F BERGMANN** - 4-16-98 841-294-6104

CR2E037 (10/97)