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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 725492 1. Corporation Name

THE GUI EVIEW APARTMENTS OF MARCO ISLAND, INC.

Principal Place of Business	Mailing Address					
58 N. COLLIER BLVD.	58 N. COLLIER BLVD.					
MARCO ISLAND FL	MARCO ISLAND FL					
2. District Discout District	2a. Mailing Address					
2. Principal Place of Business	za. Waning Address					



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Principal Place	of Business	Mailing Address		_							
58 N. COLLIER		58 N. COLLIER BLVD.				ſ	4 1828/U 182(D U	BAL OSIN ALBER (ALS IN	AN ANDIL BURY	A BURN BIBN BIF	ILL BROKK (OD)
30 N. COLLIEN BLYD.									<u> </u>		
MARCO ISLAND FL MARCO ISLAND FL							I)BUITH HUBBLE IS	BAL AFIIP AIRTA IRFID FI		A 430H GIQH 114	IN BIBIT NATE
]					
2. Principal Pl	ace of Business	2a. Mailing Address					3. Date incorporate	ed or Qualifed			
26						02/06/1973				· ·	
Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number				plied For	
22		27					5 9-1738117				t Applicable
City & State City & State						5. Certifcate of Sta	itus Desired [\$8.75 A		
23	Causto	Zip	Zip Country				S. Sharina Carana	i Finneine			
Zip	Country 25	29	30	า ๋			Election Campa Trust Fund Conf	-		\$5.00 Added t	
24	9. Name and Address of Current		130				10. Name and Add		jistered /		
				81	Name						
DEIMA LE	ONADD D			82	Street	Address	s (P.O. Box Number	is Not Acceptable	<u></u>		
REINA, LE	AVE. SOUTH			02	Sueer	Audies	S (F.O. BOX Number	is Not Acceptable			
SUITE 502				83							
NAPLES F				84	City		· · · · · · · · · · · · · · · · · · ·			85 Zip (Code
		_		{ }	1				FL	11:	1
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Sta	tutes, the a	bove	-named	corpora	ation submits this sta	tement for the pu	rpose of other	changing its	registered pistered
oπice or r agent. I ai	egistered agent, or both, in the State of the familiar with, and accept the obligation	ions of, Section 617.0503, f	Florida Stati	utes.		oration	s board or directors.	t nordby doob, t	no appon		,
SIGNATURE		_			_						
	Signature, typed or printed name of registered agent		OTE: Registered	Agen	t signature	required wi	ADDITIONS/CHA	NGES TO OFFIC	DATE	D DIRECTO	RS IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	1.1 TI	TI F		1	ADDITIONS	WOLO 10 01110	<u> </u>	Change	Addition
TITLE	DT CAMER TEDILL		1.2 N							_ `	
NAME STREET ADDRESS	Samuel Terilli 58 N. Collier BLVD #1011				ADDRESS						
· 1	MARCO ISLAND FL			TY-51		4					1
CITY-ST-ZIP TITLE	DS DS	DELETE	2.1 TI			_		_		Change	☐ Addition
NAME	LOUISE MOORE		2.2 N	AME							
STREET ADDRESS	** ** ***********************		2.3 \$1	REET	ADDRESS						ļ
CITY-ST-ZIP	MARCO ISLAND FL		2.4 C	ITY-S	T-ZIP	1					
TITLE	DVP	DELETE	3.1 TI	TLE		Pa	esiden	b		Change	☐ Addition
NAME	MARKS, ROBERT		3.2 N	AME							
STREET ADDRESS	58 N COLLIER BLVD, 2009		3.3 \$1	REET	ADDRESS	ļ					
CITY-ST-ZIP	MARCO ISLAND FL 34145		3.4. C	ITY-S	T-ZIP	<u> </u>					
TITLE	DS	☐ DELETE	4.1 TI	TLE						☐ Change	Addition
NAME	PFAFF, BILL		4.2N	AME							,
STREET ADDRESS	218 WAREHAM'S PT		4.3 S1	REET	ADDRESS	Ì					
CITY-ST-ZIP	WILLIAMSBURG VA 23185			TY-\$1	T-ZIP	23	- 			Change	Addition
TITLE	DP	DELETE	5.1 TI			10	nector	· \	ł	Citatige	CE AQUILON
NAME	BERGMANN, RICHARD		5.2 N/		ADORES\$	17	nector To Br neocl	own			}
STREET ADDRESS	58 N COLLIER BLVD., #1503			TY-\$1		38	noce	eeu "o		3414	اسے
CITY-ST-ZIP	MARCO ISLAND FL 34145	☐ DELETE	6.1 TI		·	1//	and de	rand	<u>1-200</u>	Change	Addition
TITLE	D INCK		6.2 N								
NAME STREET ADDRESS	COFER, JACK				ADDRESS	{					1
STREET ADDRESS	242 GRAPEWOOD CT				- 700	1					

MARCO ISLAND FL 34145 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 only a attachment with an address, with all other like empowered.

SIGNATURE: