

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741666 (2)

1. Corporation Name
GULF VIEW COLONY, INC.



Principal Place of Business
**2945 ESTERO BLVD #55
FT MYERS BCH FL 33931**

Mailing Address
**2945 ESTERO BLVD #55
FT MYERS BCH FL 33931**

3. Date Incorporated or Qualified **02/20/1978** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1815604		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
23		28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**COREY, FRED M.
3045 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRACE, FORREST	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RAEMER, HENRY	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANN, MARSHA	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCADOO LUCILLE	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, LEON	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLEENOR, DARREL	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fleenor Darrel	
1.3 STREET ADDRESS	2945 Estero Blvd	
1.4 CITY-ST-ZIP	Ft Myers Bch, Fl 33931	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Taylor George	
2.3 STREET ADDRESS	2945 Estero Blvd	
2.4 CITY-ST-ZIP	Ft. Myers Bch Fl. 33931	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lewis William	
3.3 STREET ADDRESS	2945 Estero Blvd	
3.4 CITY-ST-ZIP	Ft. Myers Bch Fl. 33931	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sheridan Harriet	
4.3 STREET ADDRESS	2945 Estero Blvd	
4.4 CITY-ST-ZIP	Ft. Myers Bch., Fl. 33931	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lucille H. McAdoo* Lucille H. McAdoo 3-4-96 941 7650049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)