

FILE NOW: FILING FEE IS \$61.25

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**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/20/1978		
4. FEI Number 59-1815604	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
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		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FLEENOR, DARRELL	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000 33931	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, GEORGE	
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 33931	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCADOO LUCILLE	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000 33931	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, WILLIAM	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000 33931	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHERIDAN, HARRIET	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH FL 33931	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT STRAUS BAUGH
1.3 STREET ADDRESS	2945 ESTERO
1.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACQUE SERRE
2.3 STREET ADDRESS	2945 ESTERO
2.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANNE RYAN
4.3 STREET ADDRESS	2945 ESTER BLVD
4.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DONALD WARD
5.3 STREET ADDRESS	2945 ESTERO BLVD
5.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NELSON KISSAM
6.3 STREET ADDRESS	2945 ESTERO BLVD
6.4 CITY-ST-ZIP	FT MYERS BEACH, FL 33931

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: *[Signature]* DATE: **3-19-98** **941-463-6588**

CFR2E037 (10/97)