

FILE NOW: FILING FEE IS \$61.25

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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90067 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741666

1. Corporation Name
GULF VIEW COLONY, INC.

* 3 7 4 8 5 *
 374015 - 90067 - 40

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/20/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1815604
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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: *Robert Strausbaugh* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<i>Robert Strausbaugh</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSBAUGH, ROBERT	1.2 NAME	<i>Robert Strausbaugh</i>
STREET ADDRESS	2945 ESTER BLVD	1.3 STREET ADDRESS	<i>Vice President</i>
CITY-ST-ZIP	FT MYERS BEACH FL 33931	1.4 CITY-ST-ZIP	<i>Robert Strausbaugh</i>
TITLE	VP	2.1 TITLE	<i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERRE, JACQUE	2.2 NAME	<i>Norma Silvernail</i>
STREET ADDRESS	2945 ESTERO	2.3 STREET ADDRESS	<i>2945 Estero #</i>
CITY-ST-ZIP	FT MYERS BEACH FL 33931	2.4 CITY-ST-ZIP	<i>FT Myers Beach Fla 33931</i>
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, MARSHA	3.2 NAME	
STREET ADDRESS	2945 ESTERO BLVD	3.3 STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	FT MYERS BCH, FL 00000 33931	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, ANNE	4.2 NAME	<i>Tina Jones</i>
STREET ADDRESS	2945 ESTER BLVD	4.3 STREET ADDRESS	<i>2945 Estero #69</i>
CITY-ST-ZIP	FT MYERS BEACH FL 33931	4.4 CITY-ST-ZIP	<i>FT Myers Beach Fla</i>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, DONALD	5.2 NAME	<i>Dev Shaffer</i>
STREET ADDRESS	2945 ESTERO BLVD	5.3 STREET ADDRESS	<i>2945 Estero Blvd #17</i>
CITY-ST-ZIP	FT MYERS BEACH FL 33931	5.4 CITY-ST-ZIP	<i>FT Myers Beach, Fla 33931</i>
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISSAM, NELSON	6.2 NAME	<i>Marge Ellen Lane</i>
STREET ADDRESS	2945 ESTERO BLVD	6.3 STREET ADDRESS	<i>2945 Estero Blvd #20</i>
CITY-ST-ZIP	FT MYERS BEACH FL 33931	6.4 CITY-ST-ZIP	<i>FT Myers Beach Fla 33931</i>

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, with all other like empowered.

SIGNATURE: *Robert Strausbaugh* SIGNATURE REQUIRED
 DATE: *4-16-99* DAYTIME PHONE #: *941-1463-0540*

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