FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # 756601 (1)

1. Corporation Name
GULF POINTE INTERVALS, INC.

Principal Place of Business	Mailing Address
9429 GULFSHORE DRIVE NAPLES FL 33963	9429 GULFSHORE DRIVE NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1981
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2074048 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RONDEAU, BEVERLY A.
1754 41ST TERR SW
NAPLES FL 33999

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BARRICK, SAMUEL W.	1.2 NAME	
STREET ADDRESS	1200 ROCKY SPRINGS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRED FL	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	☐ Change ☐ Addition
NAME	PARRISH, RODNEY G.	2.2 NAME	
STREET ADDRESS	334 PRATHER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	PDT	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, ROBERT E.	3.2 NAME	
STREET ADDRESS	10701 GULF SHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	☐ Change ☒ Addition
NAME	PREVOST, JOHN W.	4.2 NAME	ASST. SEC.
STREET ADDRESS	1629 S.W. 41ST #1-H	4.3 STREET ADDRESS	HUGH PIPER
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	12 LINCOLN AVE. N.
TITLE	D	5.1 TITLE	LEHIGH ACRES, FL. 33936 ☐ Change ☒ Addition
NAME	FASIG, DONALD L.	5.2 NAME	ROBERT HARROLD
STREET ADDRESS	12734 KENWOOD LANE, SW	5.3 STREET ADDRESS	3 GRAY AVE.
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	HAMPTON, N.H. 03842
TITLE		6.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME		6.2 NAME	omitt - Prevost
STREET ADDRESS		6.3 STREET ADDRESS	- Fasig
CITY-ST-ZIP		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)(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: Robert E. Griffith Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017847