

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 # 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**

3. Date Incorporated or Qualified

03/03/1981

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 the if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRICK, SAMUEL W.	
STREET ADDRESS	1200 ROCKY SPRINGS RD	
CITY - ST - ZIP	FRED FL	
TITLE	VDS	<input checked="" type="checkbox"/> DELETE
NAME	PARRISH, RODNEY G.	
STREET ADDRESS	334 PRATHER DRIVE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	GRIFFITH, ROBERT E.	
STREET ADDRESS	10701 GULF SHORE DR.	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PIPER, HUGH	
STREET ADDRESS	12 LINCOLN AV N	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARROLD, ROBERT	
STREET ADDRESS	3 GRAY AV	
CITY - ST - ZIP	HAMPTON NH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TREASURER	
13 STREET ADDRESS	FRED LANCASTER	
14 CITY - ST - ZIP	1127 S.E. 31ST. ST. CAPE CORAL, FLORIDA 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	D	
22 NAME	PATRICIA COUGHLIN	
23 STREET ADDRESS	312 OAK	
24 CITY - ST - ZIP	NORTON, MA 02766	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Fred Lancaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Jan 96

Daytime Phone #

CR2E037 (12/95)