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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2074048

Applied For

Not Applicable

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

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 33901 34116

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	LANCASTER, FRED	
STREET ADDRESS	1127 SE 31ST STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	CARBONE, IRENE	
STREET ADDRESS	13 MARION	
CITY-ST-ZIP	GREENVALE NY	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, ROBERT E.	
STREET ADDRESS	1909 EMPRESS COURT	
CITY-ST-ZIP	NAPLES FL	

TITLE	TP	<input type="checkbox"/> DELETE
NAME	PIPER, HUGH	
STREET ADDRESS	12 LINCOLN AVE. N.	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE	TVP	<input type="checkbox"/> DELETE
NAME	HARROLD, ROBERT	
STREET ADDRESS	3 GRAY AVE.	
CITY-ST-ZIP	HAMPATON N.	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARBONE, IRENE	
2.3 STREET ADDRESS	13 MARION	
2.4 CITY-ST-ZIP	GREENVALE, NY 11548	

3.1 TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DENCON-ANDERSON, DONNA	
3.3 STREET ADDRESS	3152 DOT DRIVE	
3.4 CITY-ST-ZIP	CINCINNATI, OHIO 44286	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 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 REQUIRED

01-23-98

Date

Daytime Phone #

CR2E037 (10/97)