


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90139 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756601					
1. Corporation Name GULF POINTE INTERVALS, INC.					
Principal Place of Business 9429 GULFSHORE DRIVE NAPLES FL 33963			Mailing Address 9429 GULFSHORE DRIVE NAPLES FL 33963		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2074048	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution <input type="checkbox"/>	

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 34116				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 Beverly A. Rondeau
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANCASTER, FRED			1.2 NAME			
STREET ADDRESS	1127 SE 31ST STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARBONE, IRENE			2.2 NAME			
STREET ADDRESS	13 MARION			2.3 STREET ADDRESS			
CITY-ST-ZIP	GREENVALE NY			2.4 CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENOON-ANDERSON, DONNA			3.2 NAME			
STREET ADDRESS	3152 DOT DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 44286			3.4 CITY-ST-ZIP			
TITLE	TP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIPER, HUGH			4.2 NAME			
STREET ADDRESS	12 LINCOLN AVE. N.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			4.4 CITY-ST-ZIP			
TITLE	TVP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARROLD, ROBERT			5.2 NAME			
STREET ADDRESS	3 GRAY AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	HAMPATON N.			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: TS SIGNATURE REQUIRED **2-5-99 591-3002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)