


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90004 006 ***61.25

DOCUMENT # 756601 1. Entity Name GULF POINTE INTERVALS, INC.					
Principal Place of Business 9439 GULF SHORE DRIVE NAPLES, FL 34108				Mailing Address 9439 GULF SHORE DRIVE NAPLES, FL 34108	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 59-2074048	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RONDEAU, BEVERLY A. 6305 WILSHIRE PINES CR #504 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Beverly A. Rondeau</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>BEVERLY A. RONDEAU</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 6-30-2004	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANCASTER, FRED 1127 SE 31ST STREET CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DENOON-ANDERSON, DONNA 3152 DOT DR CINCINNATI, OH 44286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP PIPER, HUGH 12 LINCOLN AVE. N. LEHIGH ACRES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP HARROLD, ROBERT 3 GRAY AVE. HAMPATON, N.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CITARELLA, VINCENT 325 DUNES BLVD #206 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CITARELLA, VINCENT 325 DUNES BLVD. #206 NAPLES, FL 34110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Hugh Piper, V.P.</i> HUGH PIPER, V.P. 6-30-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54060235



06302004 Chg-NP CR2E037 (10/03)

FL Zip Code

239-591-3002