

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 756601
1. Entity Name
GULF POINTE INTERVALS, INC.



Principal Place of Business
9439 GULFSHORE DRIVE
NAPLES, FL 34108

Mailing Address
9439 GULFSHORE DRIVE
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2074048

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RONDEAU, BEVERLY A.
6305 WILSHIRE PINES CR #504
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 *Beverly A. Rondeau*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-2005

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMPSON, CAROL
STREET ADDRESS	365 PROSPECT ST
CITY - ST - ZIP	BEREA, OH 44017
TITLE	TS
NAME	DENOON-ANDERSON, DONNA
STREET ADDRESS	3152 DOT DR
CITY - ST - ZIP	CINCINNATI, OH 44286
TITLE	TP
NAME	PIPER, HUGH
STREET ADDRESS	12 LINCOLN AVE. N.
CITY - ST - ZIP	LEHIGH ACRES, FL
TITLE	TVP
NAME	HARROLD, ROBERT
STREET ADDRESS	3 GRAY AVE.
CITY - ST - ZIP	HAMPATON, N.
TITLE	T
NAME	CITARELLA, VINCENT
STREET ADDRESS	325 DUNES BLVD #206
CITY - ST - ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN00000191348
01/24/05-80170-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Hugh Piper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2005 *239-*
Date Daytime Phone # *591-3002*