


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90285 020 \*\*\*\*61.25

<b>DOCUMENT # 760306</b> 1. Entity Name <b>THE GULF COAST INN OF NAPLES OWNERS ASSOCIATION, INC.</b>																																									
Principal Place of Business <b>2555 9TH STREET NORTH NAPLES, FL 33940</b>			Mailing Address <b>2555 9TH STREET NORTH NAPLES, FL 33940</b>																																						
2. Principal Place of Business			3. Mailing Address																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip		Country		Zip																																					
				Country																																					
6. Name and Address of Current Registered Agent  <b>DINUNZIO, JOSEPH N 2555 9TH STREET NORTH NAPLES, FL 33940</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																					
				<b>Make check payable to Florida Department of State</b>																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D DINUNZIO, JOSEPH N 2555 9TH STREET NORTH NAPLES, FL 34103</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D ROBERT ANDERSON 2555 9TH ST. NO NAPLES, FL 34103</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D SANTORA, PAUL 2555 9TH ST. NO NAPLES, FL 33940</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D MANCUSO, DOMINICK 2555 9TH STREET NORTH NAPLES, FL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>D CAMPIAN, SONDRRA 2555 9TH ST. NO NAPLES, FL 33940</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>ST MASI, ANGELO 2555 9TH STREET NORTH NAPLES, FL 33940</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P [Blank]</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>ST DONAHUE SILVAS 2555 9TH STN. NAPLES, FL 34103</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>D JOHN MCDEVITT 2555 9TH STN. NAPLES, FL 34103</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>[Blank]</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>[Blank]</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>V [Blank]</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	D DINUNZIO, JOSEPH N 2555 9TH STREET NORTH NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE	D ROBERT ANDERSON 2555 9TH ST. NO NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	TITLE	D SANTORA, PAUL 2555 9TH ST. NO NAPLES, FL 33940	<input type="checkbox"/> Delete	TITLE	D MANCUSO, DOMINICK 2555 9TH STREET NORTH NAPLES, FL	<input type="checkbox"/> Delete	TITLE	D CAMPIAN, SONDRRA 2555 9TH ST. NO NAPLES, FL 33940	<input type="checkbox"/> Delete	TITLE	ST MASI, ANGELO 2555 9TH STREET NORTH NAPLES, FL 33940	<input type="checkbox"/> Delete	TITLE	P [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	ST DONAHUE SILVAS 2555 9TH STN. NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	D JOHN MCDEVITT 2555 9TH STN. NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	V [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																									
<b>SIGNATURE:</b> _____ <span style="float: right;">4/19/05 239 261-6046</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									

**20042032**



04152005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2147858** Applied For ☐ Not Applicable ☐

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