CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766907 (0)

1. Corporation Name

GULF POINTS SQUARE MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DOUGLAS M. CONNELL 15600 SAN CARLOS BLVD FT. MYERS FL 33908	% DOUGLAS M. CONNELL 15600 SAN CARLOS BLVD. FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2290442 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONNELL, DOUGLAS M 15660 SAN CARLOS BLVD. FT. MYERS FL 33908	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 607.0502 and 607.1508, 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 607.0505, 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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BRUNER, JACK T	1.2 NAME	
STREET ADDRESS	15600-18 SAN CARLOS BLVD	1.3 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	1.4 CITY ST ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, LAURA	2.2 NAME	
STREET ADDRESS	15600-28 SAN CARLOS BL	2.3 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	2.4 CITY ST ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, JACK	3.2 NAME	
STREET ADDRESS	15600-29C SAN CARLOS BLVD	3.3 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, CARL	4.2 NAME	
STREET ADDRESS	8931 N FLORIDA AVE	4.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jack L. Webster JACK L. WEBSTER 5-1-95 813 482-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059827