

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 020 ***150.00

DOCUMENT # H16795

1. Entity Name
GULF BREEZE OF NAPLES, INC.



Principal Place of Business
1441 RIDGE ST.
P.O. BOX 8089
NAPLES, FL 33940 US

Mailing Address
P. O. BOX 8089
NAPLES, FL 33941 US

94029481



02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2436235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELI, ROBERT J.
1175 SPYGLASS LANE
NAPLES, FL 33940

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME WILTON, GARY P. M
STREET ADDRESS 220 VIA NAPOLI
CITY-ST-ZIP NAPLES, FL

TITLE VP ☒ Change ☒ Addition
NAME MONTECALUON, Ruyarony
STREET ADDRESS 4323 AND APPLE DRIVE
CITY-ST-ZIP NAPLES, FL. 34119

TITLE V ☐ Delete
NAME MELI, ROBERT J. M
STREET ADDRESS 1175 SPYGLASS LANE
CITY-ST-ZIP NAPLES, FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME MELI ROBERT J.
STREET ADDRESS 1175 SPYGLASS LANE
CITY-ST-ZIP

TITLE S ☒ Delete
NAME SMOCK, DAVID E. M
STREET ADDRESS 681 KATEMORE LANE
CITY-ST-ZIP NAPLES, FL

TITLE TREASURER ☐ Change ☒ Addition
NAME PAULUS JAMES
STREET ADDRESS 975 AQUA CIRCLE
CITY-ST-ZIP NAPLES, FL. 34102

TITLE TR ☐ Delete
NAME HUDSON, THOMAS D. M
STREET ADDRESS 793 WILLOWBROOK #106
CITY-ST-ZIP NAPLES, FL

TITLE SECRETARY ☒ Change ☐ Addition
NAME HUDSON, THOMAS D.
STREET ADDRESS 445 ROSEMEADE LANE
CITY-ST-ZIP NAPLES, FL. 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #