

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J73423 (2)

1. Corporation Name

GULF WINDS VILLA DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

6480 HAMLET DR.
2859 BEE RIDGE ROAD
ENGLEWOOD FL 34224
US

P. O. BOX 21956
2859 BEE RIDGE ROAD
SARASOTA FL 34276
US

2. Principal Place of Business

2a. Mailing Address

21 6480 HAMLET DR.

26 P.O. BOX 21956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT B

27 City & State

23 ENGLEWOOD FL

28 SARASOTA FL 34276

24 34224 Country USA

29 34276 Country USA

25 CHANDLER

30 SARASOTA

9. Name and Address of Current Registered Agent

BLIX, DARWIN B. II
3731 PRAIRIE DUNES DR.
SARASOTA FL 34278

3. Date Incorporated or Qualified
05/18/1987

3a. Date of Last Report
10/30/1995

4. FEI Number

59-2810399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME BLIX, DARWIN B. II
STREET ADDRESS 3731 PRAIRIE DUNES DRIVE
CITY-ST-ZIP SARASOTA FL 34238

TITLE S
NAME BLIX, KAYE
STREET ADDRESS 3731 PRAIRIE DUNES DRIVE
CITY-ST-ZIP SARASOTA FL 34238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Darwin B. Blix II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96

941-924-2867