

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90022 029 \*\*\*150.00

DOCUMENT # P01000012300

1. Entity Name

GULFSHORE HOMES XIV, INC.



Principal Place of Business

23815 ADDISON PLACE COURT  
BONITA SPRINGS FL 34134

Mailing Address

23815 ADDISON PLACE COURT  
BONITA SPRINGS FL 34134

11000000



MOORE CR2E034 (11/03)

2. Principal Place of Business

8891 Brighton Lane  
Suite, Apt. #, etc.  
#101

3. Mailing Address

8891 Brighton Lane  
Suite, Apt. #, etc.  
#101

City & State

Bonita Springs FL  
Zip 34135 Country USA

City & State

Bonita Springs FL  
Zip 34135 Country USA

4. FEI Number

65-1082030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Salvatore P. Celone PL  
Street Address (P.O. Box Number is Not Acceptable)  
4001 N. US 41  
Suite 330  
City Naples FL Zip Code 34103

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)

3/23/04  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME WATT, STEVE  
STREET ADDRESS 23815 ADDISON PL CT  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VP ☐ Delete  
NAME CHARLSE, STEVE  
STREET ADDRESS 23815 ADDISON PL CT  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 8891 Brighton Lane #101  
STREET ADDRESS Bonita Springs FL 34135  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 8891 Brighton Lane #101  
STREET ADDRESS Bonita Springs FL 34135  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #