


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000118034	
1. Entity Name FLORIDA GULF BANCORP, INC.	

FILED
07 MAY 30 AM 11:08

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9101 COLLEGE POINTE CT FT MYERS, FL 33919	Mailing Address 9101 COLLEGE POINTE CT FT MYERS, FL 33919
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05242007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5653892

Applied For
Not Applicable

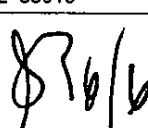
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALENTI, WILLIAM P 9101 COLLEGE POINTE CT FT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees	000104257965 06/12/07--01015--020 **\$1.25
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTI, WILLIAM P 9101 COLLEGE POINTE CT FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETT, JAY A 9911 CALOOSA YACHT & RACQUET CLUB DR FT MYERS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burns, Kevin M. 4507 S.E. 16 th Place Cape Coral, 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, JAMES A 15781 GREY FRIARS COURT FT MYERS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITTS, JOHN D 16150 BENTWOOD PALMS DR FT MYERS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVINA, AMY B 1370 GASPARILLA DR FT MYERS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hendry DDS, R. Ernest 8672 Nottingham Pointe Way Fort Myers, Florida 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  JOHN H. HODAS 05-24-07 239-437-4961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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City & State		City & State		4. FEI Number 20-5653892	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALENTI, WILLIAM P 9101 COLLEGE POINTE CT FT MYERS, FL 33919				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kirby, Lynn A. 1406 S.E. 46 th Lane, #3 Cape Coral, Florida 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MACHIZ, STEPHEN 9371 TRIANA TERRACE #1 FT MYERS, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MITCHELL, MICHAEL M 14731 JONATHAN HARBOUR DR FT MYERS, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Moore, James W. 867 Cypress Lake Circle Fort Myers, Florida 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Morris, Gregory M. 970 Clarendon Drive Fort Myers, Florida 33919				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Palen, Howard E. 15671 Carriedale Lane, Unit 7, Bldg. 7 Fort Myers, Florida 33912				
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SIGNATURE _____ JOHN H. HDAS 05-24-07 239-437-4961					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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FL

Zip Code

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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John H. Hodas

JOHN H. HODAS

05-24-07

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Date

Daytime Phone #