2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

	AMENDED AN	HUAL KEI UI	~ "		_					
DOCUMENT # P05000118034 1. Entity Name FLORIDA GULF BANCORP, INC.					FILED 07 MAY 30 AM II: 08					
Principal Place 9101 COLLEC	SE POINTE CT	Mailing Address 9101 COLLEGE POINTE FT MYERS, FL 33919	9101 COLLEGE POINTE CT		DALLAHASSEF, FLORIDA					
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05242007 Chg-P	CR2E03	4 (12/06)			
City & State	9	City & State			4. FEI Number 20-5653892		Applied For Not Applicable			
Zip	Country	Zíp	Country	,	Certificate of Status Del		8.75 Additional ee Required			
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of	New Registered Ag	jent			
VALENTI, WILLIAM P 9101 COLLEGE POINTE CT FT MYERS, FL 33919				Street Address (P.O. Box Number is Not Acceptable)						
	,, = =====		-	City		FL	Zip Code			
	named entity submits this statement fi	for the purpose of changing its	registered	office or registe	ered agent, or both, in the Stat		miliar with, and accept			
SIGNATURE_										
## 9. Election Campaign Financing \$5.00 May RE 010 1 0 4 2 5 7 9 6 5										
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES T					
TITLE	D	☐ Delete	TITLE	D			Change Addition			
NAME STREET ADDRESS CITY-ST-ZIP	VALENTI, WILLIAM P 9101 COLLEGE POINTE CT FT MYERS, FL 33919		NAME STREET CITY-ST	ADDRESS 9911	TT, JAY A CALOOSA YACHT & RA IYERS, FL		• •			
TITLE NAME STREET ADDRESS	876/6	□ Delete		ADDRESS 450°	ns, Kevin M. 7 S.E. 16 th Place		Change Addition			
TITLE NAME STREET ADDRESS	1 1	☐ Delete	TITLE NAME	DW	e Coral, 33904 YER, JAMES A 31 GREY FRIARS COURT		☐ Change X Addition			
CITY-ST-ZIP			CITY-ST	T-ZIP FT N	MYERS, FL					
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1618	TTS, JOHN D 50 BENTWOOD PALMS D MYERS, FL		Change X Addition			
TITLE NAME		☐ Delele.	TITLE	, D	AVINA, AMY B		☐ Change X Addition			
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST) GASPARILLA DR //YERS, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 8672	dry DDS, R. Ernest Nottingham Pointe Way Myers, Florida 33912		☐ Change 💢 Addilion			
12. Thereby 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 employeed 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 air address, with all other like empowered.										
SIGNATURE: JOHN H. HODAS 05-24-07 239-437-4961										

2007 FOR PROFIT CORPORATION

	AMENDED AN	NUAL REPOR	RT								
DOCUMI	ENT # P05000118	3034									
1. Entity Name FLORIDA G	ULF BANCORP, INC.										
1 2011107110											
Principal Place of	Business	Mailing Address									
9101 COLLEGE POINTE CT FT MYERS, FL 33919		9101 COLLEGE POINTE FT MYERS, FL 33919									
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05242007	Chg-P	CR2E034	4 (12/06)			
City & State		City & State				4. FEI Numb 20-565			_ 	plied For t Applicable	
Zip	Country	Zip	Count	ry	i	5. Certificate	of Status Desired		8.75 Add se Require		
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New R	egistered Ag	jent		
VALENTI, WI	LLIAM P GE POINTE CT			Street Address (P.O. Box Number is Not Acceptable)							
FT MYERS, F											
			Ì	City				FL	Zip Code	е	
	med entity submits this statement for a great statement statement for a great statement st	or the purpose of changing its	registere	d office or	register	ed agent, or bo	th, in the State of Flo	orida. Tam la	miliar with,	and accept	
SIGNATURE											
Sign	nature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signatu	ne required	when reinstating)	1	DATE			
Amen	ded AR is \$61.25	9. Election Campaid Trust Fund Contr	_	cing		.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND (DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			1406	, Lynn A. S.E. 46 th Land			□ Change	Addition	
TITLE		☐ Delete	TITLE		D	Coral, Florida	33904		☐ Change	Addition	
NAME		_ belole	NAMÉ		MACI	HIZ, STEPHE TRIANA TER					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	1	YERS, FL	.rvauc #1				
TITLE NAME		☐ Delete	TITLE		D MITC	HELL, MICHA	AFI M		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		-	STREE	ET ADDRESS ST-ZIP	1473 ⁻	· ·	HARBOUR DR				
TITLE		☐ Delete	TITLE		D				☐ Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS	ł .	e, James W. Cypress Lake					
CITY-ST-ZIP			CITY	ST-ZIP	Fort N	Ayers, Florid	a 33919			<u>, , , , , , , , , , , , , , , , , , , </u>	
TITLE NAME		☐ Delete	TITLE NAME		D Mor	ris, Gregory	М.		Change	Addition	
STREET ADDRESS			STRE	T ADDRESS	970 (Clarellen Driv	re .				
CITY-ST-ZIP		Delete	CITY-	ST-ZIP	D	Myers, Florid	ia 33717		☐ Change	Addition	
TITLE NAME		La Delete	NAME		Paler	ı, Howard E			onenge	X Addition	
STREET ADDRESS CITY-ST-ZIP				et address St-zip		l Carriedale I Myers, Florid	Lane, Unit 7, Bldg	g. 7			
12 Lharahy port	My that the information as a live with	b this filling where and a colfe. In	- 15	wi-tii	naloines		0 Florida Statular I	fuelbar anelif	u that the i	nlormation	

12. Thereby 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 trustale 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

Dayling Phone Phone Phone Printed Name OF SIGNING OFFICER OR DIRECTOR

Dayling Phone Pho

2007 FOR PROFIT CORPORATION

A	MENDED AN	NUAL REPOR	T		_						
DOCUMENT # P05000118034 1. Entity Name											
FLORIDA GULI	F BANCORP, INC.										
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9101 COLLEGE POINTE CT FT MYERS, FL 33919		9101 COLLEGE POINTE CT FT MYERS, FL 33919									
2. Principal Place of E	tusiness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05242007	Chg-P	CR2E03	34 (12/06)			
City & State		City & State			4. FEI Number 20-5653892			Applied For Not Applicable			
Zip	Country	Zip	Country		<u> </u>	of Status Desired	Fee Required				
6. N	ame and Address of Current	Registered Agent	N.	ame .	7. Name and	Address of New !	Registered A	gent			
VALENTI, WILLIA 9101 COLLEGE	POINTE CT			Street Address (P.O. Box Number is Not Acceptable)							
FT MYERS, FL 3	33919										
			C	City FL Zip Code							
8. The above named the obligations of re		or the purpose of changing its re	egistered of	fice or registe	ered agent, or bol	h, in the State of Fl	orida. I am fa	amiliar with,	and accept		
SIGNATURE	typed or printed name of registered agen	ANOTE:	3				DATE				
Signature,	typed or printed reame or registered agen	and the rappicason. (NOTE: F	registered Age	nt signature require	o when reinstating)						
Amended	AR is \$61.25	9. Election Campaign Trust Fund Contrib			ded to Fees						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	\$ IN 11		
TITLE		☐ Delete	TITLE	D				☐ Change	Addition		
NAME STREET ADDRESS			NAME STREET AD		g <mark>ardt, F. Joh</mark> Banyan Cove						
CITY-ST-ZIP			CITY-ST-Z	I	Myers, Florida						
TITLE		☐ Delete	TITLE	D	<u> </u>			☐ Change	Addition		
NAME			NAME		liams, Trudi K				,		
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-7		00 Shamrock D Myers, Florida						
TITLE		☐ Delete	TITLE	O	-			☐ Change	Addition		
NAME			NAME		las, John H.				/ \		
STREET ADDRESS City-St-Zip			STREET AD CITY-ST-2	1	15 Pine Run La Myers, Florida				ļ		
TITLE		☐ Delete	TITLE					Change	Addition		
NAME STREET ADDRESS			NAME STREET AD	DRESS							
CITY-ST-ZIP			CITY-ST-2	l l							
TITLE		☐ Delete	TITLE					☐ Change	Addition		
NAME STREET ADDRESS			NAME STREET AD	DRESS							
CITY-ST-ZIP			CITY-ST-	l l							
TITLE		☐ Delete	TITLE			 		☐ Change	Addition		
NAME STREET ARRESTS			NAME CARCET AC	POLLED							
STREET ADDRESS CITY-ST-ZIP			STREET AD	i i							
<u></u>	at the information supplied wil	th this filing does not qualify for			ed in Chapter 119), Florida Statutes.	I further certi	ify that the in	nformation		

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| GNATURE: | JOHN H. HODAS | 05-34-07 | 239-437-4961 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylime Phone #

SIGNATURE: (