

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153264

Entity Name: GULF VIEW REALTY, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

15009 PUNTA RASSA ROAD  
FORT MYERS, FL 33908

## New Principal Place of Business:

## Current Mailing Address:

15880 SUMMERLIN ROAD  
#300 PMB #167  
FORT MYERS, FL 33908

## New Mailing Address:

FEI Number: 20-3808232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WANDERON, THOMAS  
809 WALKERBILT ROAD  
5  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

WANDERON, THOMAS  
3365 WOODS EDGE CIRCLE  
104  
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, SCOTT  
Address: 18301 PANTHER TRAIL LANE  
City-St-Zip: N. FORT MYERS, FL 33917

Title: VP ( ) Delete  
Name: JOHNSON, LAURILYN  
Address: 8800 KING LEAR COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: S,T ( ) Delete  
Name: CROTTY, ALAN  
Address: 9111 SOUTHMONT COVE #105  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURILYN JOHNSON

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date