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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000084123 (7)**

1. Corporation Name

**GULF COAST COMMUNITIES, INC.**

Principal Place of Business

**10100 VALEWOOD DR.  
NAPLES FL 33999  
US**

Mailing Address

**10621 AIRPORT PULLING RD  
SUITE #1  
NAPLES FL 34109  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/09/1993**

4. FEI Number

**65-0455079**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**BRUGGER, JOHN N  
800 FIFTH AVENUE SOUTH  
SUITE 210  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

**JANET KELLY**

82 Street Address (P.O. Box Number is Not Acceptable)

**4500 EXECUTIVE DRIVE #300**

83

84 City

**NAPLES**

FL

85 Zip Code

**34119**

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]* Janet Kelly

Treasurer

**4/14/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **HARDY, ROBERT P**  
STREET ADDRESS **5780 24TH AVE NW**  
CITY-ST-ZIP **NAPLES FL 33999**

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **ROBERT S. HARDY**  
2.3 STREET ADDRESS **4500 EXECUTIVE DRIVE, SUITE 300**  
2.4 CITY-ST-ZIP **NAPLES, FL 34119**

3.1 TITLE **SECRETARY, TREASURER** ☐ Change ☒ Addition

3.2 NAME **JANET KELLY**  
3.3 STREET ADDRESS **4500 EXECUTIVE DRIVE, SUITE 300**  
3.4 CITY-ST-ZIP **NAPLES, FL 34119**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

JANET KELLY TREASURER

4/14/98

(941)597-9061

CR2E034 (10/97)