

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90123 038 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000084123**

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 the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **4500 EXECUTIVE DRIVE**

Suite, Apt. #, etc.

22 **SUITE 300**

City & State

23 **NAPLES FLORIDA**

Zip Country

24 **34119** 25 **USA**

2a. Mailing Address

26 **4500 EXECUTIVE DRIVE**

Suite, Apt. #, etc.

27 **SUITE 300**

City & State

28 **NAPLES FLORIDA**

Zip Country

29 **34119** 30 **USA**

9. Name and Address of Current Registered Agent

KELLY, JANET  
4500 EXECUTIVE DRIVE #300  
NAPLES FL 34119

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE  
NAME **HARDY, ROBERT P**  
STREET ADDRESS **5780 24TH AVE NW**  
CITY-STATE-ZIP **NAPLES FL 33999**

TITLE **P** ☐ DELETE  
NAME **HARDY, ROBERT S.**  
STREET ADDRESS **4500 EXECUTIVE DRIVE, SUITE 300**  
CITY-STATE-ZIP **NAPLES FL 34119**

TITLE **ST** ☒ DELETE  
NAME **KELLY, JANET**  
STREET ADDRESS **4500 EXECUTIVE DRIVE, SUITE 300**  
CITY-STATE-ZIP **NAPLES FL 34119**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition  
1.2 NAME **JANET KELLY**  
1.3 STREET ADDRESS **4500 EXECUTIVE DRIVE # 300**  
1.4 CITY-STATE-ZIP **NAPLES FL 34119**

2.1 TITLE **TO REMOVE** ☐ Change ☒ Addition  
2.2 NAME **ROBERT PAUL HARDY**  
2.3 STREET ADDRESS **(SAME) 5780 24TH AVE NW**  
2.4 CITY-STATE-ZIP **NAPLES FL 34119**

3.1 TITLE **SVP** ☐ Change ☒ Addition  
3.2 NAME **ROBERT S. HARDY**  
3.3 STREET ADDRESS **4500 EXECUTIVE DRIVE # 300**  
3.4 CITY-STATE-ZIP **NAPLES FL 34119**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 change, or on an attachment with an address, with all other like empowered

SIGNATURE

**JANET KELLY** **Vice President**  
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/21/99** **(941) 597-9001**

CR2E034 (11/98)