

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90126 004 ***158.75

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1. Entity Name

GULF COAST COMMUNITIES, INC.



Principal Place of Business

5672 STRAND CT
STE #1
NAPLES FL 34110
US

Mailing Address

5672 STRAND CT
STE #1
NAPLES FL 34110
US

24043437



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0455079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, JANET
5672 STRAND CT
STE #1
NAPLES FL 34110

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME KELLY, JANET
STREET ADDRESS 5672 STRAND CT #1
CITY-ST-ZIP NAPLES FL 34110

TITLE P ☐ Delete
NAME HARDY, ROBERT S.
STREET ADDRESS 5692 STRAND CT #3
CITY-ST-ZIP NAPLES FL 34110

TITLE SD ☐ Delete
NAME HARDY, ROBERT S
STREET ADDRESS 5692 STRAND CT #3
CITY-ST-ZIP NAPLES FL 34110

TITLE TD ☐ Delete
NAME HARDY, R. PAUL
STREET ADDRESS 5692 STRAND CT #1
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME HARDY, ROBERT S.
STREET ADDRESS 5672 STRAND COURT, SUITE 1
CITY-ST-ZIP NAPLES FL 34110

TITLE SD ☒ Change ☐ Addition
NAME HARDY, ROBERT S.
STREET ADDRESS 5672 STRAND COURT, SUITE 1
CITY-ST-ZIP NAPLES FL 34110

TITLE TD ☒ Change ☐ Addition
NAME HARDY, ROBERT PAUL
STREET ADDRESS 5672 STRAND COURT, SUITE 1
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

JANET KELLY Treasurer

3/11/04 (239) 597-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #